

XUM



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Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

APRIL 1946

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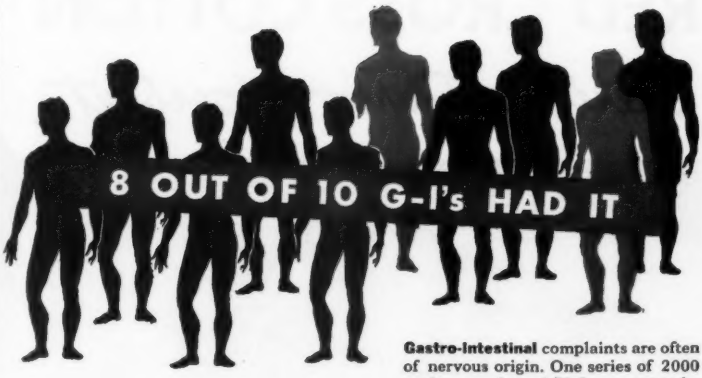
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[2] Eastman, N. J., and Scott, A. B.: Human Fertility, 9:33, 1944.



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*Friedenwald, J., and Morrison, S.: Functional Disturbances of the Digestive Tract, in Nelson New Loose-Leaf Medicine, 1941, vol. 1, p. 161.

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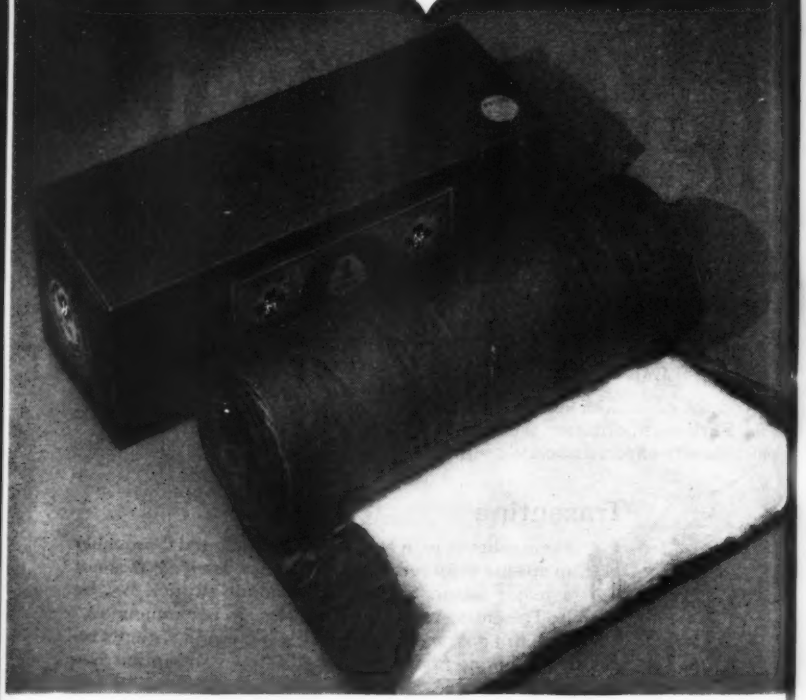
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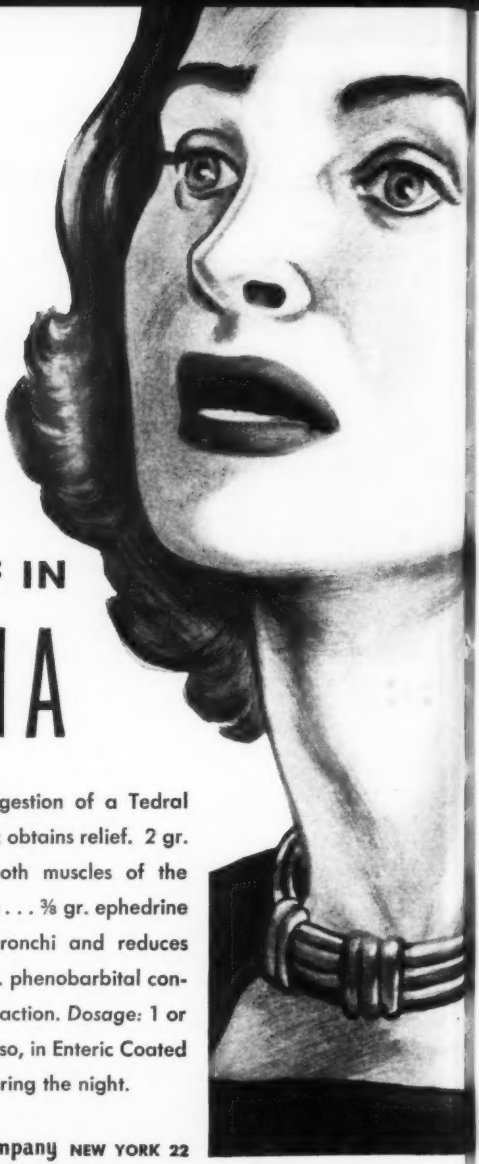
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Panorama

► With 14,000 cases, 1945 was fourth worst poliomyelitis year on record in U.S. . . . New abstract periodical, Obstetrical & Gynecological Survey, is being published bimonthly by Williams & Wilkins Co. . . . Sale of "Union Health Seal" is bringing in funds for Northern California Union Health Committee. Green seal displays heavily bandaged hand holding pair of pliers . . . Veterans Administration has accepted offer of the National Convalescent Service, which entertained hospitalized G.I.'s in private homes during the war, to do likewise for ambulant V.A. patients . . . Illegitimate U.S. births are estimated at 100,000 for 1944, with 87,001 actually recorded in 38 states and District of Columbia—36,252 white, 50,749 non-white . . . "Josie" and "Trixie," two Dalmatian dogs, recently had the Whipple Prize conferred on them by Army Surgeon General Norman T. Kirk for "outstanding services to humanity" in connection with research in blood plasma.

► Oklahoma State Medical Association is ready to lend cash to any physician-veteran who needs it to buy equipment. It will also guarantee his rent for six months if need be . . . Montana osteopaths are seething over defeat, by a large majority, of a bill to open the fields of surgery and radiology to them . . . Senator Claude Pepper (D., Fla.) sat at knee of the great Beveridge on his recent trip to England. Friends say he now has more social reform plans than ever . . . Long Island College of Medicine paid a half million for three-block site adjoining Brooklyn's vast Kings County Hospital, and will spend several millions more in building a medical center there . . . Committee of Army doctors has completed investigation of every phase of medicine and medical education in Japan and is correlating its findings . . . Answering complaints that draft board members in Indiana were given Selective Service Medal while physicians were overlooked, S.S. Director Lewis B. Hershey explained: Production of medals couldn't keep up with awards, so doctors will get theirs later.

► The District of Columbia Medical Society makes each physician-veteran a present of a six-month subscription to the District's telephone-answering service. It also lists names of demobilized doctors in newspaper ads, as a result of which a number of men report having obtained new patients . . . Danton Walker says,



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TEDRAL . . . QUICK . . . CONVENIENT

XUM

"It will be denied to high heaven, but insiders insist that General Bradley did turn in his resignation as head of the Veterans Administration" . . . Volume II, 1945, of Harofe Haivri, The Hebrew Medical Journal, is now being circulated . . . Life Insurance Medical Research Fund collected $144,928 in last quarter of 1945, and earmarked $126,525 for grants to six medical schools. Balance will be added to $580,000 to be collected and earmarked this year for similar purposes . . . V. A. says veteran population of country was 14,601,000 at end of February, and that 1,190,033 applications for education and training were pending. At the same time, Government guarantee of loans under the G.I. Bill of Rights was helping a weekly average of 4,000 veterans to buy homes, farms, or businesses.

► Reorganization of New Britain (Conn.) General Hospital has been ascribed to pressure by American boards, which contend that only certified men should have places on hospital staffs . . . Northwest Airlines has established special "Mayo Clinic" plane service between New York City and Rochester, Minn. . . . During first session of the 79th Congress (its second began in January), 6,841 bills were introduced, 2,358 were reported out of committee, and 658 became law . . . No new American Medical Directory is due before fall of 1947; last was published in 1942 . . . "Jim Crowism," say Negro leaders, viewing plans to build a V.A. hospital for sole use of Negroes at Mound Bayou, Miss. But the mayor of that all-colored community retorts: "This is a time to be practical; the boys would be happier here." And General Omar N. Bradley points out that the V.A. is no social reform agency and will conform to local custom.

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To stimulate sound, practical ideas on the business or non-scientific side of medicine, from which the profession as a whole may benefit, MEDICAL ECONOMICS offers $100 for each acceptable 2,500-word article. Shorter or longer articles will be paid for at the same rate but in accordance with length as published. Writers who wish to remain anonymous may do so. Articles will be judged solely on the value of the ideas they contain. Address Article Editor, Medical Economics, Inc., Rutherford, New Jersey.

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Speaking Frankly

King Canute

Surgeon General Thomas Parran's endorsement of the Truman compulsory health insurance message has, as you say, disappointed those who had hoped the head of the Public Health Service would "come out publicly as an ally of the private physician." To my mind such optimism was typical of the naivete of too many physicians and, on the whole, of organized medicine. Why should the head of the PHS, which *is* Government medicine, come out against Government medicine? And why should a practical, hard-headed man join a chorus which, like King Canute, is ordering the tide to turn back?

Today you are told that you have to be in either one camp or the other (totally for compulsion or totally against it), and that anyone who seeks a solution in the middle ground is a mugwump. Yet that's where the solution will be found.

I see the pattern emerging in the V.A. plan of private care for veterans, now in operation in a number of states. Granted good faith and cooperation in all quarters, that plan has an excellent chance of succeeding. When it does reasonable men are bound to ask: "Why not a similar program for all the nation?"

Here is how I see it working out:

¶ National administration by a new Department of National Health with Cabinet status, a layman as its Secretary, and a physician as its Surgeon General.

¶ Collection of compulsory payroll deductions by the Social Security Board, which would act purely as a fiscal agency and have no policy-making power.

¶ State administration by an executive organization set up by the state medical society, in the same manner that New Jersey utilizes its medical prepayment plan to administer the veterans program.

¶ Payment of physicians by the state administrative organization, which would collect from the National Health Department.

This is only a bare outline of the program. But once we accept the principle of Government compulsion plus medical administration we can also accept many of the administrative principles laid down in the Wagner-Murray-Dingell bill.

M.D., New Jersey

Town Hall

How can the individual doctor get a hearing? "Spokesmen" for the profession, often self-selected, sound off freely on matters of medical legislation or economics. Society leadership is largely self-perpetuating because the officers select the nominating committees which in turn name the next set of officers. One avenue for the little doctor might be the state medical journal. But in my state, for example, there are no let-

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Physician control of the arthritic patient is essential for optimum effect. To Ertronize employ Ertron in adequate daily dosage over a sufficiently long period to produce beneficial results. If signs of overdosage appear, discontinue medication for about ten days—then continue with three capsules per day gradually building up to the patient's level of tolerance.

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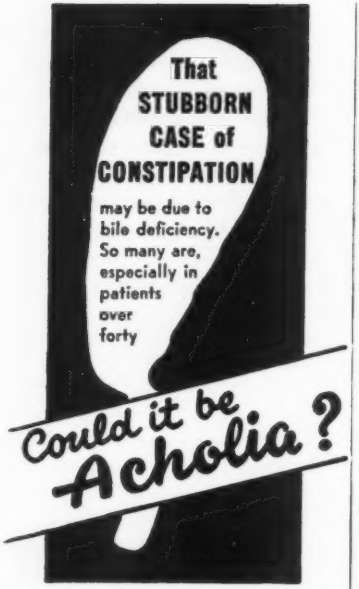
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Gentle Laxative and Choleretic

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ters-to-the-editor pages in the journal, and that's true of a number of other state journals. A letter criticizing society policy might get an individual answer, but it would be more democratic to print such criticism.

Any medical society willing to provide an open forum for diverse viewpoints gives evidence of democratic techniques and vigorous confidence in its own leadership. What we need is more medical journalistic "town halls" where all viewpoints can be presented. I know the opinion of our leaders coincides pretty well with that of most doctors anyway, but freer discussion would at least end the cry that organized medicine is an unrepresentative dictatorship.

M.D., Indiana

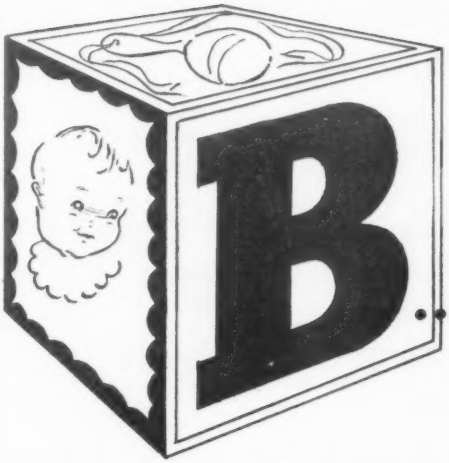
Timid Soul

I believe the most troublesome problem confronting the veteran physician is a lack of confidence in himself in treating even the minor ailments. More good, short, postgraduate courses are needed.

M.D., Kansas

Lambs

There has been great wonderment among county society officers about the skimpy attendance at scientific meetings. But those poor lambs, the members, know why. Let's review the manner in which a speaker is selected. Abner Glutz, one of the lambs, has some interesting data on a certain disease and he asks the secretary if he may read a paper. Poor Abner! He gets a polite brush-off. In his place Dr. Eulalia McDuff, professor in the medical school of Flunkemout University, is brought in to present his research on "Why Leucocytes Never Get Ra-

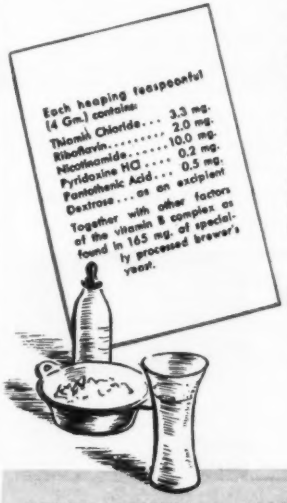


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bies." McDuff turns out to be a perfectly dismal speaker; each word he utters is filtered through hypertrophied adenoids; he has the personality of a lazy amoeba; his slides and charts would baffle Einstein. The result is that he puts everyone present into a state of utter narcosis. At the conclusion of his talk, McDuff is politely applauded and the chairman, who can lie like a gentleman, tells him how much everybody enjoyed the paper.

Why in hell was McDuff picked in the first place? That's easy; he's a classmate of your esteemed secretary and they belong to the same fraternity. And very soon your secretary will be invited to speak before McDuff's county society.

And Abner? He'll have to prepare his paper and submit it somewhere for publication.

M.D., Illinois

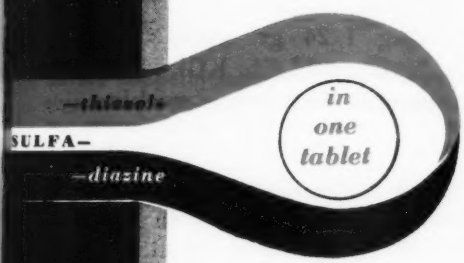
Ballyhoo

I agree heartily with the M.D. who objects to his colleagues' publicizing themselves via the social columns of their local papers. That trend toward a little "accidental" advertising is going to kick us in the face some day. When I was a youngster, doctors were held in high esteem; they kept out of the newspapers, wrote no moronic articles for popular magazines, spouted no lectures to lay audiences. When they gave out information, it was in the privacy of their offices.

Today, the education of the public is developing into a three-ring circus. Every magazine is in the market for articles by physicians of prominence; newspapers carry columns by doctors who dish out advice on everything from cosmetics allergy to the problem of cohabita-

To lessen renal complications during administration of sulfonamides Combisul-TD

Combisul-TD is a combination of sulfaTHIAZOLE and sulfaDIAZINE in equal parts in one tablet. Administration of these two sulfonamides together reduces the likelihood of renal involvement even though the total quantity of sulfa drugs is the same as when either is used alone.[1,2] Danger of calculus formation with oliguria and anuria is largely eliminated by *Combisul-TD*, for even crystalluria is uncommon. The chemotherapeutic activity of *Combisul-TD* is equivalent to that obtained when either constituent is used in full dosage.



Combisul-TD available in 0.5 Gm. tablets each containing 0.25 Gm. sulfathiazole and 0.25 Gm. sulfadiazine. Indications and dosage are the same as for either drug administered alone.

For the treatment of meningitis, *Combisul-DM* consisting of 0.25 Gm. sulfadiazine and 0.25 Gm. sulfamerazine is available.

Combisul-TD available in 0.5 Gm. tablets. Bottles of 100 and 1000.

Combisul-DM available in 0.5 Gm. tablets. Bottles of 100 and 1000.

1. Lehr, D.: Proc. Soc. Exper. Biol. & Med. 58:11, 1945.
2. Lehr, D.: In press.

Trade-Marks *Combisul-TD* and *Combisul-DM*—Reg. U.S. Pat. Off.

SCHERING

Schering CORPORATION • BLOOMFIELD • N. J.

In Canada, Schering Corporation Limited, Montreal

The hay fever season is over-but

Head Colds-Sinusitis Asthma (allergy) RELIEF

begins in 10 minutes-too

FOUR TABLETS of Nakamo Bell, each tablet containing 1/24 gr. ephedrine hydrochloride, NaCl, NH_4Cl, KCl, will provide relief usually beginning within ten minutes.

So many doctors are now prescribing and dispensing Nakamo Bell and such favorable reports are being obtained—that we want you to try it.

Check this tablet for yourself, and let results convince you.

Nakamo Bell plain (without ephedrine) now available on Doctors' special orders at 6.00 per M direct.

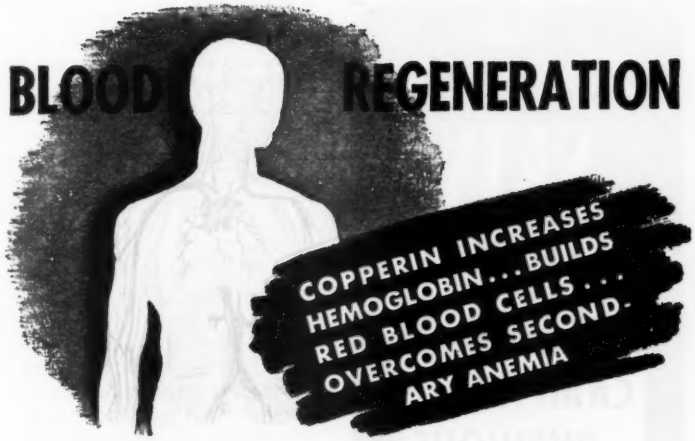
SEND FOR SAMPLE

HOLLINGS-SMITH CO. ME 4-46
Orangeburg, N. Y.

Sample Nakamo Bell, please.

Name ..... M.D.

Address .....



Before Copperin appeared, massive iron doses were inflicted on the anemic. Most of the iron was not utilized. The excess, excreted fecally, produced gastrointestinal irritation and upset—thus defeating the original purpose of the clinician.

Copperin represents a scientific conception of iron needs in secondary anemia. The iron content per capsule is small — 32 mgm. — but wholly adequate. The potent catalytic agent, copper sulphate, makes ALL the iron available for regenerative processes.

There is rapid replacement of hemoglobin and new red cells. This is markedly manifested in treating the hypochromic anemia of children; the "milk anemia" of infants; hemorrhagic anemia following blood donation; pregnancy anemia; chlorosis and anemia of middle aged women.

In two strengths: Copperin "A" for adults; Copperin "B" for children.

Professional samples gladly sent on request

MYRON L. WALKER CO. INC.
Mount Vernon • New York



COPPERIN

WATER-SOLUBLE
NON-CONSTIPATING

Triple aid in

SKIN THERAPY

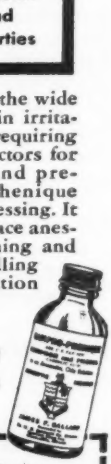
CAMPHO-PHENIQUE

(Phenol 4.75%, Camphor 10.85% in an Aromatic Mineral Oil Base)

combines Analgesic Antipruritic and Antiseptic Properties

To promptly relieve the wide variety of minor skin irritations and injuries requiring treatment, many Doctors for years have used and prescribed Campho-Phenique Liquid Antiseptic Dressing. It works as a mild surface anesthetic to relieve itching and pain, combats swelling and secondary infection associated with

Eczema • Urticaria
Intertrigo • Athlete's Foot
Pruritus • Impetigo • Herpes



SEND FOR FREE BOTTLE

CAMPHO-PHENIQUE
Dept. ME-4, Monticello, Illinois
Please send me a free bottle of Campho-Phenique Liquid Antiseptic Dressing.

Name .....
Address .....
City ..... *State* .....

tion during the male climacteric.

If a few of our colleagues are going to use these methods, why not the rest of us? Let's throw away our shingles and substitute neon signs; let's take advertising space in the newspapers and tell the public how good we are.

Hippocrates, take a look at your boys!

M.D., Maryland

Shill

Your article on relations with pharmacists made a number of good points. However, you say, "Ethical pharmacists agree that counter-prescribing is bad business." No doubt they do. But how many ethical pharmacies (in the accepted sense) are left?

While I was standing in a phone booth in one of the "modern" drug stores the other day, I heard a patron say to the proprietor: "I can't get rid of this damned cough; keeps me awake half the night. Got anything that's good for it?" "Certainly," replied the druggist, "take a bottle of this Flem-chuk. Confidentially, it's the same prescription most doctors use anyway."

M.D., New York

Ms.

Want to write an acceptable medical article? Here are some pointers I learned the hard way:

¶ Editors of state journals prefer papers directed to the general practitioner. For example, they feel that an otologist will find a larger audience for an article on how to wash impacted wax out of the ear than for one on tuberculosis of the periosteum of the stapes.

¶ An editor finds it relatively easy to fit a short article into an is-



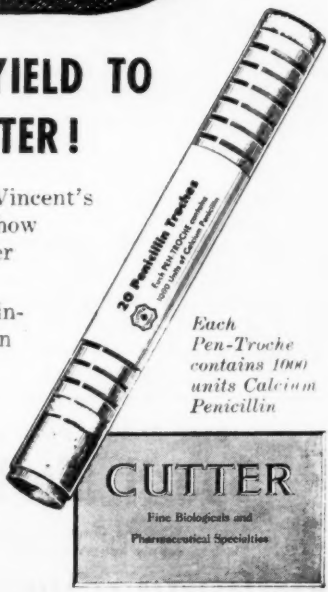
ORAL INFECTIONS YIELD TO PEN-TROCHES – CUTTER!

Already recognized as specific in Vincent's Infection, Cutter's Pen-Troches show great promise for combatting other oral cavity infections, as well.

Each Pen-Troche builds and maintains an adequate penicillin level in the saliva for over two hours.

Slow-dissolving, pleasant, but with *no* aromatic flavoring to confuse them with candy. Pen-Troches are specific for *your* practice! Try them.

CUTTER LABORATORIES
Berkeley • Chicago • New York



Each Pen-Troche contains 1000 units Calcium Penicillin

XUM



1

Bio-Dyne Ointment, made with a petrolatum-lanolin base and used with compression bandages, gives quick relief from pain and speeds up healing. Supplementing the biodynes produced by injured human cells, Bio-Dyne Ointment helps regulate cellular proliferation and metabolism and tends to offset the depressing effect of germicides on tissue respiration. (Biodynes are *natural* products extracted from cells such as yeast and fish liver.)



2

The predominantly petrolatum base of Bio-Dyne Ointment maintains soft coagulum and minimizes crusting under which infections might develop. In Bio-Dyne Ointment you get all the accepted advantages of petrolatum for burn treatment, heightened by the proved effectiveness of biodynes.

Look for significantly faster healing with new biodyne burn therapy

TREATMENT UTILIZES TWO WIDELY-USED LOCAL AIDS TOGETHER WITH BIODYNES TO HASTEN HEALING OF INJURED TISSUE



3

Compression bandages, recommended in the Biodyne Burn Therapy, limit edema within the lesion and deeper sub-structures; maintain ointment in contact with the lesion and markedly decrease fluid loss from the burned area.

GIVE BURNS THE "ALL-3" TREATMENT WITH

Sperti Bio-Dyne OINTMENT

Bio-Dyne Ointment is available from leading surgical supply houses in 15-oz. and 5-lb. jars and 1-oz. tubes.

MANUFACTURED BY SPERTI, INC., CINCINNATI 12, OHIO

a new liquid dosage form



Available in 6 fl. oz. bottles

Benzedrine Sulfate—
formerly supplied in tablet form only—
is now available also as:

BENZEDRINE SULFATE ELIXIR

Benzedrine Sulfate Elixir, N. N. R.—
highly palatable, pleasant in appearance
and easily tolerated—is identical
in action with Benzedrine Sulfate Tablets.
It is a preferred form of administration
for invalids, convalescents, children and
the aged. This new preparation contains
Benzedrine Sulfate
(racemic amphetamine sulfate, S. K. F.),
2.5 mg. per 5 cc. (1 teaspoonful); and has
the same pharmaceutical properties
as low-alcoholic, mildly acidic elixirs.

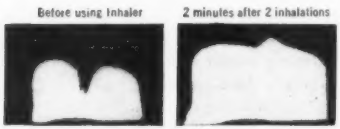
NOTE: When you next write for Benzedrine Sulfate, please remember to specify which of the two dosage forms you wish to prescribe—'Tablets' or 'Elixir'.

SMITH, KLINE & FRENCH LABORATORIES PHILADELPHIA, PA.

Effective
NASAL DECONGESTION



Amount of air passing through nostrils can be measured quantitatively by photographing moisture deposits on cold metal mirror. These are nasographs before and after use of Vonedrine Inhaler:



FREE FROM CENTRAL STIMULATION

The effective, prolonged vasoconstriction of Vonedrine Inhaler is accomplished without wakefulness or "jitters" caused by stimulating drugs. Its gentle, gradual action causes no mucosal blanching, irritation or rebound turgescence. Low toxicity. May be used as often as needed to maintain nasal patency.

VONEDRINE
phenylpropylmethylamine
INHALER

ALSO, VONEDRINE SOLUTION—for use as spray or drops. Available in one-ounce dropper bottles and pints.

Trademark "Vonedrine" Reg. U. S. Pat. Off.

MERRELL
Since 1828
THE WM. S. MERRELL COMPANY
CINCINNATI, U. S. A.

sue; he may have to tear the journal apart to get in a longer one. For that reason, your paper should not exceed ten typewritten (double-spaced) 8″ x 11″ pages.

¶ Get right to the point; don't use an unnecessary word. Eliminate such introductions as "The first recorded use of antimony was in 1656, when the Venetian physician, Donizetti, recommended it for scrofula." Get attention immediately with "Antimony tartrate is one of the most effective drugs available for the treatment of subacute nostalgia. In 10-grain doses . . ."

¶ Avoid extensive footnotes citing an elaborate bibliography intended to show that you have exhausted the literature; they are more likely to exhaust the reader.

M.D., New Jersey

Funnel

A psychiatrist complains that in his community many specialists are, in effect, G.P.'s, since they try to handle any type of case that comes in. That's interesting, especially in view of the American board ruling that a diplomate must limit his work to his specialty.

Of course, in practice it's not so simple. We know that it is not unusual for a surgeon to be consulted by patients with skin diseases, nephritis, ear disorders, or what have you. Until he can make a diagnosis, the surgeon must of necessity act as a general practitioner. Thereafter, the patient is usually referred to the proper specialist.

Obviously, it's wrong for any specialist to act as bird dog for other practitioners. Doesn't this suggest an outstanding virtue of group practice for both G.P. and specialist?

M.D., Michigan

NEW INCREASED POTENCIES!

100% MORE VITAMINS A AND D
OVER 40% MORE VITAMIN B_1
... NO INCREASE IN PRICE!

VI-SYNERAL

ALL NATURAL VITAMIN D

Both Vitamins A and D in natural form, concentrated from fish liver oils.



PROFESSIONAL SAMPLES AND LITERATURE

Each vitamin capsule (Special Group potency) now supplies:

Vitamin A (natural)	12,000 U.S.P. Units
Vitamin D (natural)	1,200 U.S.P. Units
Thiamine (B_1)	5.0 mg.
Riboflavin (B_2)	3.5 mg.
Niacinamide	20.0 mg.
Pyridoxine (B_6)	2.0 mg.
Calcium Pantothenate	5.0 mg.
Ascorbic Acid (C)	75.0 mg.
Alpha Tocopherol (E)	4.0 mg.
B Complex factors from	50 mg. yeast

The Vi-Syneral Mineral Capsule furnishes: Calcium, Phosphorus, Iron, Iodine, Copper, Manganese, Zinc, Magnesium.

New increased potencies (with natural Vitamins A and D) are also available in other special Vi-Syneral formulas: INFANTS and CHILDREN CHILDREN and ADOLESCENTS • ADULTS • EXPECTANT and NURSING MOTHERS.

U. S. VITAMIN CORPORATION • 250 E. 43 St. • NEW YORK 17, N. Y.

VIM is the Needle for *Intravenous Work*

and your favorite lengths and gauges are now available

Ask the surgical dealer's representative for the needle most favored for Intravenous work by thousands of physicians and specialists—the Square-Hub VIM.

Made from genuine Stainless *Cutlery* Steel, the VIM point is beautifully tapered and hollow-ground; the flat edges of the point are razor-sharp and thus gently slit tissue and vein wall instead of puncturing. Most important, VIM points hold their sharpness despite continued use and sterilization; they are heat-treated and uniformly tempered to exactly the hardness required to assure long-lasting service in a cutting instrument. If it's a VIM, it stays sharp longer.



For intravenous work, VIM Stainless *Cutlery* Steel needles are now available in the following lengths and gauges, all with Intravenous Points (18°):

25 Gauge, ¾"	21 Gauge, 1"
24 Gauge, ¾" ½"	20 Gauge, 1" 1½"
23 Gauge, ¾"	18 Gauge, 1½"
22 Gauge, ¾" 1" 1¼" 1½"	

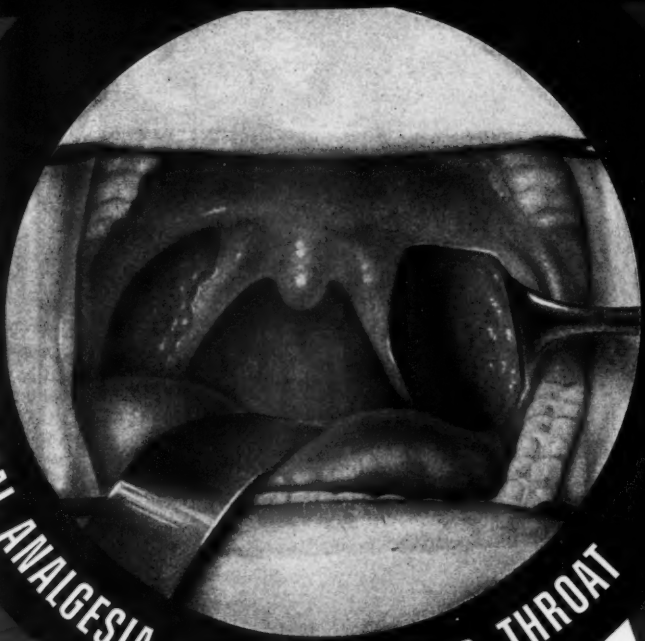
Order these sizes from your surgical instrument dealer. Write us for a complete list of sizes for general Hypo use, for Intramuscular, Intradermal, Subcutaneous and Immunization work.

Hollow-Ground Points *Keen-Cutting Edges*

MacGregor Instrument Company
Needham 92, Mass.

FIRTH STAINLESS *CUTLERY* STEEL HYPO NEEDLES

SOLD IN: UNITED STATES—Surgical Instrument Dealers
CANADA—Ingraham E. Bell, Ltd., Toronto, Montreal, Winnipeg, Calgary
GREAT BRITAIN—Henry Millward & Sons, Redditch, England
SOUTH AMERICA—G-E Medical Products Co., Chicago, Illinois



TOPICAL ANALGESIA for the INFLAMED THROAT

In chewing Aspergum, the patient releases a soothing flow of saliva laden with acetylsalicylic acid—bringing the analgesic into prolonged contact with pharyngeal areas which often are not reached, even intermittently, by gargling or irrigations.

The stimulation of muscular activity aids in the elimination of local spasticity and stiffness, increasing patient comfort, permitting an earlier ingestion of nourishing food, hastening convalescence.

Dillard's Aspergum

IS MOST PALATABLE . . . READILY ACCEPTED BY ALL . . . INCLUDING CHILDREN

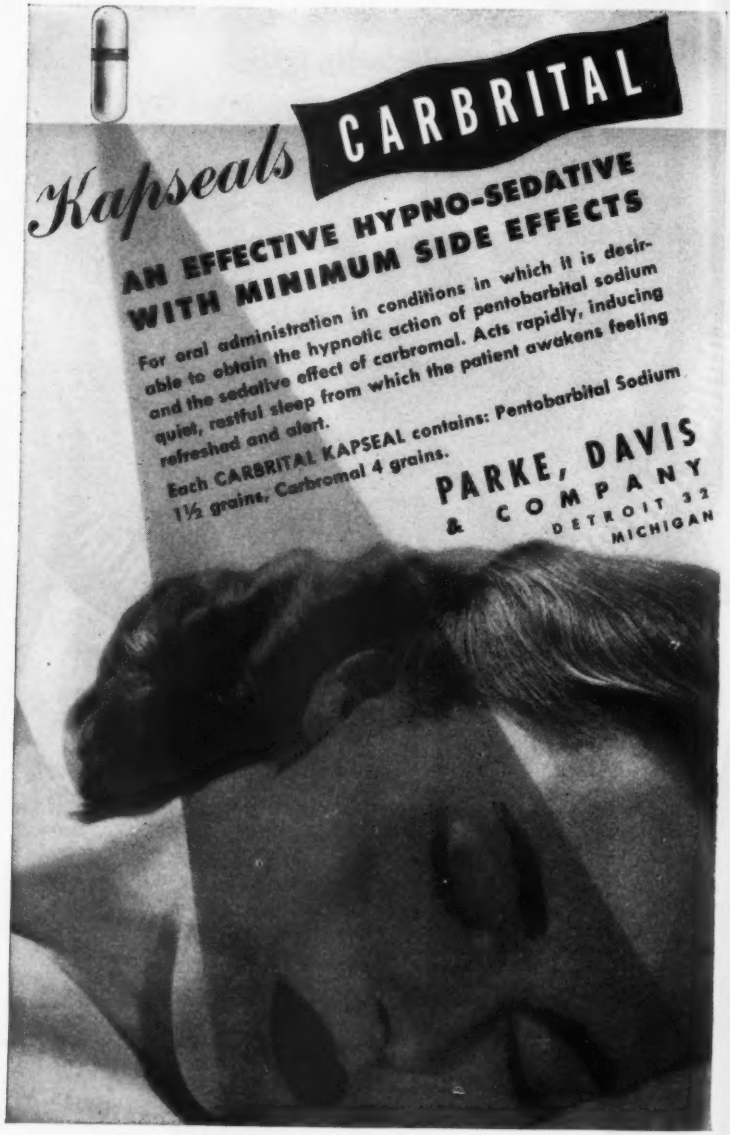
INDICATIONS: Post tonsillectomy care; acute and chronic tonsillitis, pharyngitis, "scratchy throat" of influenza, "grippe," etc.

In packages of 16; moisture-proof bottles of 36 and 250 tablets—Ethically promoted

White's LABORATORIES, INC.

Pharmaceutical Manufacturers • NEWARK 7, NEW JERSEY

XUM


Kapseals
CARBRITAL
AN EFFECTIVE HYPNO-SEDATIVE
WITH MINIMUM SIDE EFFECTS
For oral administration in conditions in which it is desirable to obtain the hypnotic action of pentobarbital sodium and the sedative effect of carbromal. Acts rapidly, inducing quiet, restful sleep from which the patient awakens feeling refreshed and alert.
Each CARBRITAL KAPSEAL contains: Pentobarbital Sodium 1½ grains, Carbromal 4 grains.
PARKE, DAVIS
& COMPANY
DETROIT 32
MICHIGAN

The Veteran

Additional Residencies Becoming Available

For medical veterans, who require a large increase in the number of available residencies, there is good news in the fact that some 2,000 such positions are scheduled to become available this month when Procurement and Assignment Service, acting on an AMA recommendation, discontinues its 9-9-9 plan. In another move to increase the number of residencies, the AMA has persuaded some specialty boards to grant temporary recognition to certain hospitals.

Important Amendments Made in G.I. Bill

Recent amendments to the G.I. Bill of Rights have liberalized five provisions affecting ex-service physicians. The liberalized provisions are these:

¶ In applying for full educational benefits, the medical veteran no longer has to prove that his schooling was interrupted by service in the armed forces.

¶ A physician is now entitled to as many months of study benefits as he had months of service, plus twelve.

¶ The Government now pays full tuition on a short course. Previously, the veteran was given, for example, only one-quarter of the cost of an eight-week course.

¶ A medical officer may now begin post-graduate study while on terminal leave.

¶ The loan limit on real estate has been raised to $4,000; the maximum on other loans remains at $2,000.

V.A. Private Care Program Shows Rapid Growth

The Veterans Administration was highly pleased last month with the rapid development of its "home town plan" of medical care for veterans by private physicians, behind which it had enlisted the support of medical societies in states containing half the country's population. An inventory showed:

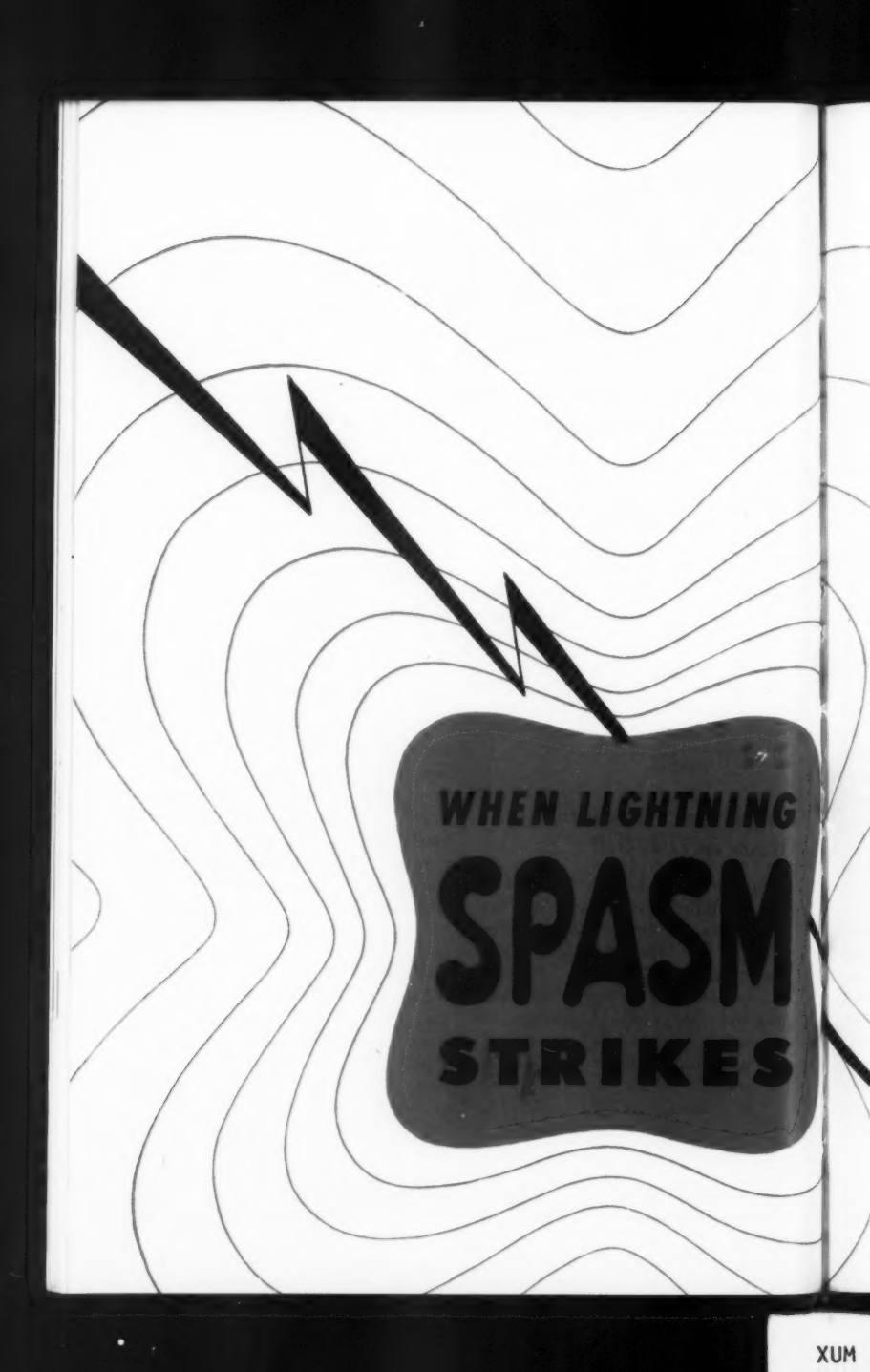
¶ Programs already in operation in Michigan, New Jersey, Kansas, and California.

¶ Negotiations between the V.A. and state medical societies well forward in New York, Massachusetts, Illinois, West Virginia, North Carolina, Ohio, Colorado, Oregon, Washington, Wisconsin, and Minnesota.

¶ A possibility that Iowa might join Wisconsin, Minnesota, North Dakota, and South Dakota in submitting a five-state proposal.

[*Continued on page* 38]

XUM



XUM



FOR EFFECTIVE SPASMOLYSIS of smooth muscle fibers, the natural belladonna alkaloids, synergistically enhanced with the sedative and antispasmodic action of phenobarbital, are recommended by many pharmacologists as the **smoothest, most efficient, least toxic** therapy.

The width of clinical application of Donnatal is based on the synergistic, yet selective action of the three alkaloids on secretory glands and a broad range of smooth muscles... **plus** the coupling and potentiation of their action with phenobarbital, the most generally useful of the barbiturates. With only 1/4 gr. of this sedative per tablet, Donnatal may be prescribed for extended use without fear of untoward reaction. Other advantages are its stability and economical price.

Indications: Smooth muscle spasm wherever manifested, as in g-i tract, g-u tract, respiratory and cardiovascular systems.

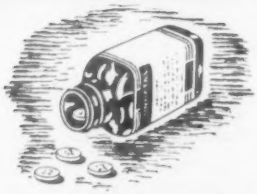
AVAILABLE: In packages of 100 tablets.

FORMULA: Each tablet contains belladonna alkaloids (hyoscyamine, atropine and hyoscine) equivalent to about 5 min. tr. belladonna, plus 1/4 gr. phenobarbital.

DOSAGE: 1 to 2 tablets daily. In certain cases, as high as 9 tablets may be given within 24 hours without fear of untoward reaction.

A. H. ROBINS COMPANY, RICHMOND 19, VA.

DONNATAL *a Robins' Triumph*



XUM



Pain in peptic ulcer results from increased gastric tension and irritable bowel and not from hyperacidity[1]. In fact, the peptic ulcer patient in many cases does not secrete more acid or gastric juice than normal human beings[2]. The damage is done by retention of acid or gastric juice because of improper emptying time of the stomach. Whatever the etiology, however, acid irritates the lesion.

Treatment, then should relieve the symptoms of irritable bowel and provide non-systemic neutralization. BICALCE is a rational treatment, combines in powder form Aluminum Hydroxide, Bismuth and Calcium salts with VEGETABLE MUCILAGE (Gel). Gratifying results have been reported with vegetable mucilage in controlling irritable bowel and associated distress.

BICALCE, available in individual dose envelopes, is packaged in prescription cartons of 21 envelopes each. Literature on request.

1. Paul & Rhomberg, J. Iowa, S. M. A., *35*:167, 1945
2. Sandweiss et al, J. A. M. A., *130*:261, 1946.

60th ANNIVERSARY Irwin NEISLER

Bicalce

IRWIN, NEISLER & CO.

DECATUR • ILLINOIS

¶ First steps being taken in Montana, Florida, Pennsylvania, and South Carolina.

General Hawley's reaction was summed up by his aide, Dr. Paul Magnuson, who told the National Conference on Medical Service:

"Every day that I'm in the Veterans Administration I grow prouder that I am a doctor. I have never seen anything like the way the physicians of the country have come through in this emergency. There is no flag-waving, no band-playing. It means more work and the expenditure of a great deal of time, but we haven't had a single bit of trouble. There has been no haggling or jockeying for position."

Veterans Being Organized by California Group

Physicians have formed another veterans' organization. Brought together by the Los Angeles County Medical Association, ex-service physicians from various parts of southern California have set up what they hope will become a nationwide fraternity capable of presenting a unified front to legislators, government officials, and others concerned.

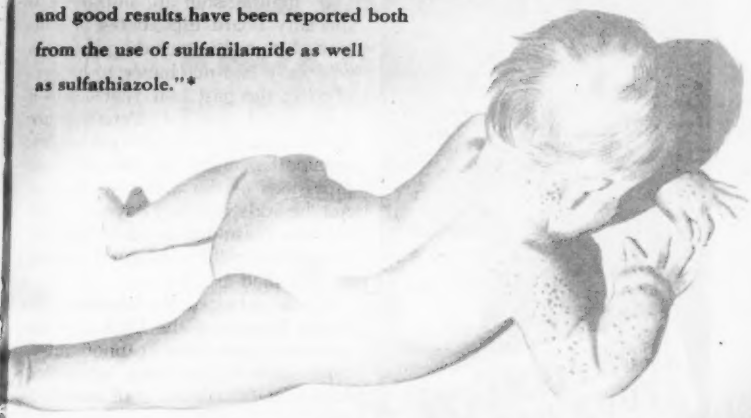
The immediate purpose of the group is to aid returning medical officers. Committees have been appointed to deal with such problems as the lack of office space, delay in obtaining narcotic licenses, purchase of Army-Navy surpluses, and the educational limitations of the G.I. Bill. Another committee is to effect liaison with established veterans' organizations.

The new group hopes to crystallize and express the opinion of its members on matters pertaining to

DRAMATIC RESULTS IN IMPETIGO

OF **BOTH** STREPTOCOCCIC and STAPHYLOCOCCIC ORIGIN

"Impetigo may be either streptococcic or staphylococcic in etiology and good results have been reported both from the use of sulfanilamide as well as sulfathiazole."*



Dramatic results have been obtained in this common infectious condition through the use of

SULFA-CEEPRYN BRAND

SULFATHIAZOLE, SULFANILAMIDE and CETYLPYRIDINIUM CHLORIDE

CREAM

Both 10% sulfathiazole and 10% sulfanilamide are combined in Sulfa-Ceepryn to give anti-staphylococcic and anti-streptococcic actions . . . *reinforced* by the detergent-germicide, Ceepryn (1:500), which has unusual penetrating properties.

Because of its special oil-in-water vanishing cream base, Sulfa-Ceepryn spreads easily, releases the sulfonamides readily into the infected areas, and is particularly convenient for use on children.

- **Sulfa-Ceepryn Cream is available at prescription pharmacies in one-ounce tubes and one-pound jars.**
- **Write for complete literature and sample.**

*Shaffer, B.: The use of sulfonamide compounds in dermatology, Conn. State Med. J 7:237-243 (1943)

Trademarks "Sulfa-Ceepryn" and "Ceepryn" Reg. U. S. Pat. Off.

THE WM. S. MERRELL COMPANY
CINCINNATI, U. S. A.

MERRELL



Your patients will notice its superb styling and quality. You may well be proud of this Sanette Waste Receiver.

In a subtle way it marks the doctor as proficient in his practice, careful in cleanliness and thoughtful of his patients' welfare.

When ordering from your dealer, specify Sanette Model H12 or write

MASTER METAL PRODUCTS, Inc.
273-291 Chicago Street Buffalo 4, N. Y.

the medical care of veterans and to compulsory health legislation.

Colorado Veterans Claim Hospital is Unfair

By limiting staff appointments to specialty board diplomates, a Colorado hospital is excluding veterans who have had no chance to be certified in the past four years, says a state society official. Veterans are threatening to bring charges of discrimination under the job-privilege provisions of the Selective Service Act, he adds, but they have a doubtful case inasmuch as an unsalaried connection with a hospital cannot be classified as a job.

Commenting on the situation, Dr. Victor Johnson of the AMA says the national association cannot interfere since it has long advocated higher standards for staff membership.

Veterans' Gripes Reach AMA

AMA headquarters is receiving about 500 letters weekly from medical officers and veterans. Demanding that "something be done," many of the writers threaten to join medical-veteran groups and actively oppose the AMA unless organized medicine takes quick action.

In the opinion of Maj. Gen. George F. Lull, the AMA's associate general manager, greatest assistance to physician-veterans can be given at the county level. The AMA has a special bureau to help veterans, is trying to get more residencies established, and is working to implement the G.I. Bill.

THE VALUE OF KNOX GELATINE IN PEPTIC ULCER MANAGEMENT

Many physicans are finding Knox Gelatine a practical aid in the frequent between-meal feedings that are so often desirable in the management of peptic ulcer.

Given at hourly intervals, Knox Gelatine provides a satisfactory control of the gastric secretions and brings relief from the painful symptoms.

Also, many physicians regularly prescribe the *Special Ulcer Diet* described in the Knox booklet, "Peptic Ulcer Dietary." This is a complete diet ...bland, and liberal in calories and protein. We will be happy to send you as many copies as you wish.

For the free *Peptic Ulcer Dietary*...and any of the other dietaries listed here...address your request to Knox Gelatine, Box 448, Johnstown, N. Y.

FREE!

Peptic Ulcer Dietary	**Diabetic Diets**
Knox Gelatine Drink	**Infant Feeding**
Feeding Sick Patients	**Reducing Diets and Recipes**

Protein Value of Plain, Unflavored Gelatine

KNOX GELATINE U. S. P.

PLAIN, UNFLAVORED GELATINE...ALL PROTEIN, NO SUGAR

Knox Products Keep Pace Through Laboratory and Clinical Research



IN CONTACT DERMATITIS

Subjective Relief as well as Rapid Resolution

THE basic pathogenicity of contact dermatitis consists of primary skin irritation, never a preexisting allergy. In consequence, any known irritant may affect anyone, depending upon individual susceptibility and duration of contact. In acute dermatitis vesiculation is seen, but in the more common subacute and chronic varieties, lichenification, fissuring, and scaling are the rule. Pruritus is usually severe, and is a prominent symptom. Tarbonis, providing the decongestant and stimulant properties of tar, quickly controls the annoying itching and encourages rapid resolution of the dermatitis itself. Avoidance of soap and water and cleansing with oil are beneficial auxiliary measures. Tarbonis will be found of outstanding efficacy in all types of contact dermatitis and industrial dermatoses.

Tarbonis is colorless, odorless, greaseless, does not stain linen or skin. It contains 5% Liquor Carbonis Detergens extracted from selected tar by a unique process, retaining all beneficial factors of tar and eliminating the irritants. Menthol and lanolin are also incorporated in the vanishing cream base, making for a preparation of unusual pharmaceutical elegance. Specifically indicated whenever the action of tar is required.

TARBONIS

REG. U. S. PAT. OFF.

The Tarbonis Company

4300 Euclid Avenue

Cleveland 3, Ohio

SPIRELLA NATURAL SUPPORT FOR INTERNAL ORGANS

SOMETIMES doctors discover that patients who complain of only vague symptoms of distress have seriously misplaced internal organs. The stomach has dropped. The intestines may be too low for efficient functioning. Other conditions sometimes exist. In many of these cases, natural Spirella support can give the same relief as it does in cases where the evidence is external—obesity, poor posture, etc.



2. Modeling Garment

The reason is that Spirella support is natural support. The corset anchors under the abdomen and buttocks and the support is upward and backward, complementing the action of the abdominal muscles. This is accomplished without constriction in the region of the diaphragm which, in many garments, acts to aggravate the condition the doctor is attempting to remedy.



1. Uncorseted Figure

Spirella Support is Comfortable

Patients report that their Spirella garments are comfortable to wear, and they like the improvement in their appearance. This is a boon to the doctor who suggests a support as a preventive measure—he can be sure that the support will be worn.

Spirella Modeling Garment

Since no two figures are alike, there must be some device to get accurate measurements of the *supported* figure. The Spirella Modeling Garment is an exclusive Spirella feature and does just this. The Spirella Corsetiere adjusts the Modeling Garment in the doctor's presence. He can then check the adjustment, if necessary, in the fluoroscope. Measurements are then taken, and the patient's individually-designed Spirella is made exactly to these specifications. The accompanying photographs show the same patient uncorseted, in the Modeling Garment, and in her Spirella.

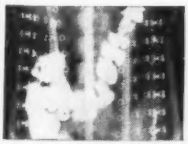


3. Finished Spirella

Spirella Natural Support is Recommended in Cases Like These:

• "Industrial" and Chronic Fatigue • Post-Operative Conditions • Misplaced Internal Organs • Faulty Posture • Extreme Obesity • Maternity.

For further information about Spirella natural support, write Dept. 7-10, The Spirella Co., Niagara Falls, N. Y. *In Canada*, address The Spirella Co., Ltd., Niagara Falls, Ont.





X-Ray Proof of Spirella's Support of Internal Organs

Here are photographs of a patient taken under competent medical supervision. The left shows the patient in the patented Modeling Garment. The one at the right shows the same patient in her Spirella. In the Modeling Garment the Hepatic flexure was 3½" above the iliac crest. In the picture to the right it is 3⅜" above the iliac crest. In other words, the patient gets the same support in her Spirella as she does in the Modeling Garment, adjustment of which the doctor checked.

WOMEN FEEL BETTER AND LOOK BETTER IN

Spirella

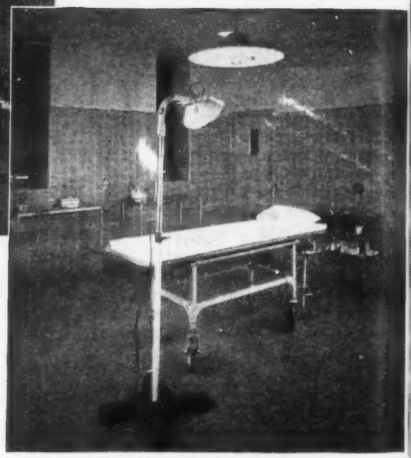
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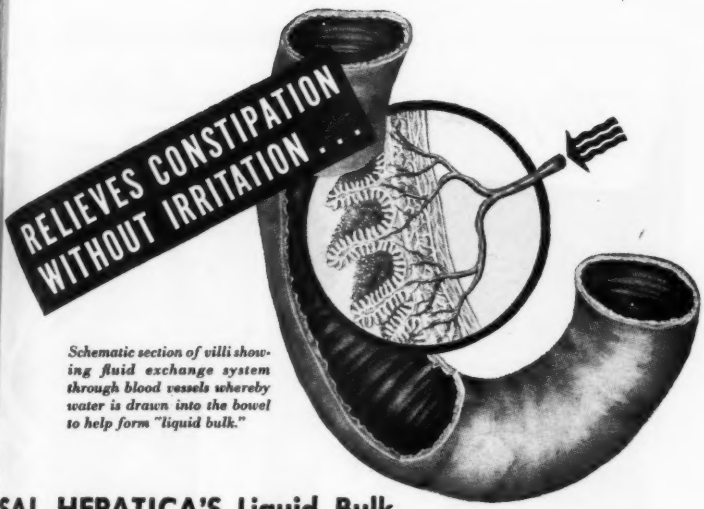
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Schematic section of villi showing fluid exchange system through blood vessels whereby water is drawn into the bowel to help form "liquid bulk."

SAL HEPATICA'S Liquid Bulk creates *Gentle* but Effective *Pressure*

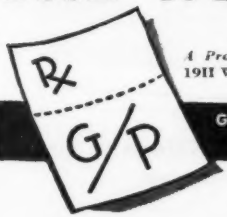
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GENTLE PRESSURE FOR GENTLE YET THOROUGH LAXATION





Occasionally in the course of sulfonamide therapy the rapid clinical improvement may be suddenly arrested. The patient may become drowsy and listless, and the color poor. A check of the total and differential white cell count may reveal a granulocytopenia to be the cause of the relapse.

In such cases, the offending drug should of course be stopped at once and measures instituted to stimulate leukocyte production. ARMOUR YELLOW BONE MARROW CONCENTRATE has been found very effective in this respect. It is of value not only in this form of granulocytopenia but also in acute and subacute cases of agranulocytic angina. The patient often brightens up and looks better and happier within 48 hours after starting this medication. Increase in the number of leukocytes usually may be noted soon after this.

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The initial dosage in severe cases should be one teaspoonful every four hours until a satisfactory clinical and hematologic improvement has occurred. The dose may then be reduced as indicated. After the critical phase and in mild chronic cases ARMOUR YELLOW BONE MARROW CONCENTRATE *GLANULES* (4 minim sealed gelatin capsules) may be employed advantageously—2 or 3 glanules t. i. d.

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HEADQUARTERS FOR MEDICINALS OF ANIMAL ORIGIN

Editorial

On Our Mark

Conversations with informed sources in Washington suggest that the Wagner-Murray-Dingell bill will not be enacted in 1946. Congress gives evidence of a mood to lower taxes rather than to raise them.

But the problem before private medicine is none the less urgent. Members of Congress report being barraged by compulsory sickness insurance lobbyists representing the CIO, PTA, YWCA, Physicians Forum, *et al.* "The pressure being exerted by such groups," a harried Senator said, "is terrific."

Legislators sympathetic to the viewpoint of medicine are concerned and embarrassed most by the fact that in arguing against the W-M-D bill they have no adequate substitute to offer in its place. They recognize that voluntary prepayment is the answer to Government compulsion—and the only answer. But until the voluntary program gains real momentum, they cannot point to it as an example of startling accomplishment. Admitting that the Wagner bill may not pass this year, medicine's friends on Capitol Hill warn that failure to show progress with a counter measure will most certainly give impetus to another Wagner bill next year. Private medicine, many say, must prove during 1946 that voluntary prepayment is definitely on the road to success.

What the voluntary program needs most is stimulation at the grass roots. The physician whose county medical society has no prepayment plan is obligated to urge and work for the formation of one. Once it has been set up, he must press for a state plan. The job is clear-cut; it needs more *doing*.

Public opinion polls show that a dangerously high proportion of people tend to favor Federal sickness insurance simply because they know of no doctors' plan offering similar coverage. The moral is obvious.

It would be a serious mistake for physicians to look upon prepayment simply as the less of two evils. Its establishment on a national scale can well be a great and historic step forward. The effort deserves wholehearted support. Lacking that support, it will most certainly fail, physicians will take their places as salaried servants of government, and the standards of American medicine will face a sorry decline.

Delay, on grounds that the perfect prepayment plan has not yet been developed, is indefensible. Better to start with an imperfect plan and improve it than not to start at all. It has been said before—and it bears repeating—that in marketing health insurance, the first organization on the scene gets the patients. Mr. Wagner would like nothing better than to beat us to the gun. —H. SHERIDAN BAKETEL, M.D.

Seek Vigorous Action in States to Put Over AMA Prepay Program

National service organization will offer full technical assistance



Jerking along in second gear last month, the AMA's national prepayment program gave evidence that it might soon slip into high. "Within a year there will be at least forty state-wide, medical-society-sponsored plans in operation," Dr. E. J. McCormick, chairman of the AMA Council on Medical Service and Public Relations, told MEDICAL ECONOMICS. "And if there is an appreciable lag in the other states, the council is prepared to establish an interim national casualty company that will offer coverage where no plans exist."

"The most heartening development," continued Dr. McCormick, "is the enthusiasm that is sweeping medicine. We have gained the initiative, we have taken the ball from the socializers, and we intend to carry it from now on. We of the Council on Medical Service and Public Relations are enthusiastic. The Conference of Presidents and Other Officers of State Medical Societies—composed of men who can do a tremendous lot of work at the grass roots—is enthusiastic. This feeling is bound to be transmitted to the doctors in every section. The old inertia has been overcome. With the AMA lending its prestige, the voluntary prepayment movement in this country is bound to win out."

Specific developments so far were as follows:

1. The Council on Medical Service and Public Relations had helped devise a program to place voluntary sickness insurance within the reach of every American who wanted it, and had won the approval of the AMA Board of Trustees.

2. The Board of Trustees had authorized the formation of a national coordinating organization—Associated Medical Care Plans, Inc.—but had left actual control and initiative in prepayment to the local medical societies.

3. The Board of Trustees had declined to establish a national contract or an interim national casualty company, but had left the door open for their eventual establishment if the necessity arose.

4. The Board of Trustees had created a Bureau of Prepayment Insurance within the AMA.

Close synchronization will be sought in the operation of these units. Over-all direction is to stem largely from the Council on Medical Service and Public Relations, which will also approve—or reject—plans seeking the imprimatur of the AMA. Administration will be in the hands of two men well known in

the medical prepayment field: Dr. Frank Feierabend of Surgical Care, Inc., Kansas City, Mo., and Mr. Jay C. Ketchum, executive vice president of Michigan Medical Service, Detroit.

Dr. Feierabend is president of Associated Medical Care Plans, Inc., and a member of an advisory subcommittee of the Council on Medical Service and Public Relations which will make preliminary examinations of plans submitted for AMA approval. Mr. Ketchum is executive vice president and director of the AMCP; executive director of the AMA Bureau of Prepayment Insurance; and chairman of the council's advisory subcommittee.

"It will not be the responsibility of Associated Medical Care Plans, Inc., to go out and sell the idea of prepayment to the states," Mr. Ketchum told MEDICAL ECONOMICS. "Such missionary work will be conducted by the Council on Medical Service and the Bureau of Prepayment Insurance, which will be under the control of the council.

"But when a state medical society has decided to start a plan, it can call upon the AMCP to come in and set it up for them. We will have all the actuarial data and other experience necessary to get them off on the right foot."

This magazine asked Dr. Feierabend to clarify a number of points about the program. For one thing, he was asked, would the AMA (or established plans) be asked to create a fund for assisting new ones?

"I see no necessity for such an arrangement," he replied. "I have found that when physicians put a little of their own money into a plan —and it takes very little to start one —they are considerably more interested in its development; they want to make it click."

What about income limits?

"If I have my way there will be an income limit stipulation in every plan that is developed."

Does that mean the exclusion of families with incomes above that ceiling or, alternatively, the use of a service-and-indemnity contract?

"No, I'd issue just one contract providing full service benefits for subscribers within the income ceiling. For the rest, it would be up to the doctor and subscriber to arrange for an additional fee. That plan has worked out well in Kansas City. By virtue of our contracts with both subscriber and physician, the patient has had the right to appeal if he feels that any additional charge is exorbitant. No such appeal has ever been made, and I don't anticipate many in the future."

The Council on Medical Service and Public Relations has expressed no preference for either a service or indemnity contract; its greatest concern, says Dr. McCormick, is extension of coverage to the largest number of people.

Said the president of a state medical society: "There are technical difficulties in the road ahead but they can be swept away if the will to do the job is there. However, if there is a tendency to wait and work out this program in a routine manner, there may be long delays. But I don't believe that will happen. I see the calling of special meetings everywhere to get plans started. I'm looking for most states to say: 'Here, we've got an important job to do; let's get together right now and do it!' "

—JOHN BYRNE

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BILLION +
PER ANNUM
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WAGNER
MURRAY
DINGELL
BILL

No Decisive Action on Wagner Bill Expected This Year

Favorable committee report seen likely but opposition to 'spending' grows



The country was mired in one of the worst economic bogs in its history. Strikes raged; production lagged; the pressure of inflation was almost irresistible. Faced with a national debt almost beyond comprehension, the people had made it clear that they were in no mood for additional spending and increased taxation. Congress reflected that mood.

Nevertheless, Senator James E. Murray (D., Mont.) had decided to hold a series of hearings on the Wagner-Murray-Dingell bill before the Senate Committee on Education and Labor, of which he was chairman. Why? Everyone—liberal and conservative alike—was ready to concede that the bill had little chance of even coming to a vote this year in the Senate. It was equally evident that Senator Murray could count on a favorable report from his education and labor committee no matter what evidence was brought before it and no matter when hearings were held.

As a matter of fact, there was definite risk in holding hearings in the spring of '46; for while they would produce campaign material for the coming Congressional elections, they would produce it for both sides. There was reason to believe, for instance, that when opponents of compulsion appeared before the committee they were going to be armed with far more than the indignation which characterized their testimony in 1939. A coalition of Republicans and conservative Democrats on the committee was going to make its weight felt, too, even though it could not block a favorable report.

Why, then, the decision to hold hearings? The reason seemed to be this: For some time, Senator Murray's associated strategists on the Social Security Board had been trying quietly to kill certain health legislation which, while acceptable to them in principle, might dilute demand for compulsory sickness insurance. Examples of these "nuisance" bills were the Hill-Burton hospital construction measure and Senator Claude Pepper's proposal to perpetuate the wartime Emergency Maternity and Infant Care program. The Hill-Burton bill, amended and passed by the Senate, was before the House Committee on Interstate and Foreign Commerce in early March, and Senator Murray was reportedly disturbed by its favorable progress.

Without serious opposition, the bill might become law; if it did, argu-

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ments for compulsory legislation would be considerably weakened.

The matter of leadership had also to be considered. With Franklin D. Roosevelt gone, who would carry the torch for social legislation? Senator Robert F. Wagner was ailing—perhaps past the peak of his power. Senator Lister Hill, although a liberal, had never been quite sold on the wisdom of compulsion. Senator Claude Pepper had teetered too long. Senator Murray thought the mantle had fallen on him; in any event, he was determined to wear it. But with the Hill-Burton bill well to the front, Senator Hill had gained the initiative. The only way to regain it was to eclipse hearings on his bill by starting "more important" consideration of the W-M-D program.

It was natural that a minor comedy of errors would result. Early last month, Senator Murray set March 18 as the opening date for hearings. His stage managers tried desperately to get a program ready in time, but it proved hopeless. Applications of would-be witnesses poured in by the hundreds. The opening date was moved forward, therefore, and Senator Murray invited the American Medical Association to begin its testimony on April 17. —ANDREW G. ROSS



"YOU MEAN HE'S NOT THE DOCTOR?"

People Don't Want to Pay Bill for Complete Health Plan

Survey shows that enthusiasm wanes as costs per individual rise



Between what people want in health insurance and what they are willing to pay for, there is a large and significant difference. That, at least, is what New York's Temporary State Commission on Medical Care discovered when it had Surveys, Inc., an opinion-research agency, poll New Yorkers on the subject.

Widely but incompletely reported in New York newspapers, the study revealed that 86 per cent of the state's adult population "think that everybody who lives in the state should have insurance which pays doctor and hospital bills," but that only slightly more than one person in every three is willing to pay his share of the estimated cost for such a comprehensive health plan.

Most newspapers played up the first fact, but overlooked the second. Some also made the mistake of implying that 86 per cent of New Yorkers want compulsory health insurance. Actually the survey findings were that 36 per cent of the 2,500 people polled want a "plan under which the amounts of insurance payments would be the same for everybody—anyone could join or stay out—and it would be handled by a non-governmental agency." Only 52 per cent expressed a preference for a "plan under which the amounts of your insurance payments would depend on the amount of your family income—everybody would have to contribute to it—and it would be handled by the government."

It is fair to assume that the attraction in this plan for many people in lower income brackets was less the idea of government control than the implication that government insurance would cost less than voluntary insurance. Had Surveys, Inc., asked, "Would you rather buy nylons from the Government at $1.65 a pair than from a private company at $1.75 a pair?" it could have counted on similar results.

It is of some significance that those favoring government insurance have no single idea of how it should be handled. Only 24 per cent of the New Yorkers polled want Federal insurance; 16 per cent want it to be a state affair; the remaining 11 per cent in favor of government insurance are uncertain as to how it should be run.

That attitudes toward government insurance are determined largely by cost expectations is evident in the responses to questions asked by Surveys, Inc., concerning four specific plans for which costs had been estimated for each income

Handitip

If She's Age-Shy

When a woman patient refuses to tell me her age I often get it this way: While taking her case history I ask how old she was when her first child was born. Later on I ask how old the child is. Adding them up, I have her age. Of course, if she has no children, I'm stuck!

—M.D., NEW YORK

group. Interviewers read the provisions of each plan, showed the people being interviewed what the costs would be for them, and then asked whether they were willing to pay. Plan One, providing visiting nurse service, X-rays, and laboratory tests for everyone and complete dental care for children under eight, drew the widest support—68.8 per cent of those interviewed. But this plan would require no contributions from people earning $3,000, or less, a year—the bulk of the population.

Some 60 per cent expressed a willingness to pay for Plan Two, which added hospital care to the provisions of Plan One. The cost of Plan Two was listed as $3.60 a month for people earning $3,000 a year, and $2.40 a month for those earning $2,000 a year.

Plan Three, which added maternity, surgical, and post-operative care at home, hospital, and doctor's office to the benefits of the others and raised the cost for people earning $3,000 a year to $5.20 a month, cut the number of those willing to pay to 49.5 per cent.

Only 36.7 per cent said they were willing to foot the bill for Plan Four, which alone would provide complete medical care.

Even before the survey's results were known, the New York commission on medical care had submitted a majority report to Governor Thomas E. Dewey, in which it advised that any comprehensive plan financed on a compulsory basis would be prohibitively expensive. Estimating that it would cost "*at least* $400 million a year" to provide over-all medical care and hospitalization, the majority report declared:

"The commission is of the opinion that this sum represents too great an expenditure to be imposed on the people of the state, either directly or indirectly through governmental authority, until there has been more experience in the field of medical and hospital insurance."

It said that the commission had sought unsuccessfully to devise a plan which "might test out the practicability of a compulsory prepayment plan of medical care." In the end, it had come to the conclusion "that to make an experiment in a field heretofore non-governmental, and an experiment at such great cost and affecting 13,000,000 people, is something which deserves further study before definitive action is taken."

Though it was not known what action would eventually be taken on the majority report or on two minority reports which recommended some form of state insurance, it was plain last month that the Democratic delegation in the State Legislature, supported by the state's labor groups, would continue to push for complete, compulsory health insurance coverage.

—HENRY THOMAS

Angles on Equipment Buying

It's less costly to borrow from your bank than to buy on time



Buying professional equipment (once you have found a dealer who has what you want) is not a complicated process. Nevertheless, there are some factors for you to consider before you put your name on the dotted line.

Buying on time, for example, makes bad economic sense. It is expensive. You forgo the cash discount offered on some items, and you pay substantial interest in addition. Interest rates on time purchases are 5 or 6 per cent per year for the total amount of credit made available. This means that if you arrange to pay off a $2,000 credit over a two-year period, $200 or $240 will be added to the purchase price of your equipment.

It is better, if you lack cash, to negotiate a loan from your bank. The interest charges on such a loan will depend partly, of course, on your reputation in the community and on the amount of collateral you can offer. Rates may be as low as 2½ per cent true interest. They should not exceed 4 per cent discount interest.

The difference between these two forms of interest is important. True interest is based on the unpaid balance of your loan, and the amount therefore decreases as your principal indebtedness is reduced. Discount interest, which is the equivalent of what you pay on a time purchase, is based on the full amount of your loan or credit, and is not affected by reductions in principal indebtedness. Many people, unaware of this distinction, have paid discount interest when they could have arranged for the less costly true interest rate.

Borrowing from a bank is especially advantageous if you are a veteran and can obtain assistance under the G. I. Bill, for then the Government will pay half your interest charges for the first year. Roughly, here is how it works: If you borrow $2,000 from a bank for two years under the G. I. Bill, and arrange to repay it in monthly installments, as one does a time purchase, the charge for the first year at 4 per cent true interest will be about $62, of which the Government will pay $31; and the charge for the second year will be about $26—making a total cost to you of about $57.

This is $183 less than you would pay for the same amount of credit in buying on the installment plan. If your purchase includes $500 worth of equipment on which there is a 5 per cent cash discount, you will save an additional $25 by borrowing from a bank for a cash purchase from the dealer. Your total

saving, therefore, can run as high as $208, which is not an insignificant sum if your position compels you to borrow to establish or re-establish yourself in practice.

Many dealers turn their credit accounts over to commercial credit companies which charge the dealers the same rate of interest the dealers charge you. Regardless, however, of whether or not your dealer turns his credit accounts over to a credit company, he will handle all the details of your purchase for you. Most dealers require a down payment of from 25 to 33 per cent of your total purchase. You do not, of course, pay interest on your down payment, but only on the remainder due. Time payments are usually arranged only on the purchase of permanent equipment, but many dealers will allow you to include consumable items up to 10 or 15 per cent of your total bill.

On a large order, say one of $2,500, you can have up to three years for payment. Most dealers try to arrange terms so that you will pay a minimum of $50 each month.

When you buy on terms you sign a contract at the time of purchase, but title to the equipment remains with the dealer until you have made the final payment. Theoretically, if, after paying $550 on a $600 fluoroscope you find it impossible to make the final $50 payment, the dealer has a legal right to reclaim it. This, however, virtually never happens.

If you find it impossible in some month to make a payment, the dealer will probably write a new note making the skipped installment payable the month following that in which your last regular installment comes due. You will, of course, have to pay additional interest on the skipped installment. If the installment is $100 and your note has two more years to run, this will cost you an additional ten or twelve dollars, depending on the interest rate.

Though the equipment you purchase is not yours until you have made the final payment, you are responsible for it from the time you receive it in your premises. It would be unwise not have it covered by fire insurance from that time.

Equipment, regardless of how you buy it, is sent directly from the dealer or from the factory. In either case, if it is an X-ray machine, an electrocardiograph, or some similar piece of equipment, make certain that your dealer will provide a service man to assemble, test, and demonstrate it on arrival. Such equipment is checked before shipment. If it arrives in bad condition, you will have to obtain a bad-order record from the railroad or trucking company, unless it has been sent in the dealer's vehicle. Usually the dealer will file whatever claim is necessary with the carrier or factory, and he will immediately replace the damaged part or parts if he is in a position to do so.

Dealers have an obvious stake in being cooperative. They expect to be around for a long time, and they want you as a steady customer.

Since most major items of equipment are scarce now, it is doubtful that you will want to trade in used equipment in the purchase of new equipment. Should you choose to do so, most dealers will give you an allowance based on the equipment's age and condition. You might, for example, get $400 for a five-year-old fluoroscope in good condition.

At the moment, that would hardly be a boon to you if you needed a new one; you might have to wait six months or more to get it. Your used one, if you tried to repurchase it, would probably cost you about $600. Used equipment in good condition now costs up to 90 per cent of the price of new equipment. That, incidentally, is what you will have to pay whether you pay for your purchase with cash or upon a time basis.

On the whole, there are only two differences between buying equipment for cash and buying it on terms: The former is less expensive, even when you have had to borrow money from a bank; and you gain title to what you buy at once. Some physicians apparently think that the dealer is responsible for the efficient operation of equipment bought on terms until it has been paid for completely. This would give the time-buyer an advantage if it were true. The fact is that you become fully responsible for your equipment, regardless of your method of payment, as soon as you acknowledge that it has been received by you in "good order."

—ALLEN BUSER



"I WAS LUCKY—I HAD A CHANCE TO BUY ALL OF DR. SMITH'S OFFICE FIXTURES!"

Quiz

[Answers page 100]

1. An error in medical judgment affords legitimate grounds for a malpractice action
   a. At all times
   b. At no time
   c. If accompanied by negligence
   d. If the physician accepted a fee
   e. If the physician did not have his fingers crossed

2. More than 97 per cent of the metropolitan-county areas in the United States that have lost population or showed poor gains during the last 25 years are in the
   a. North b. South c. West

3. To qualify as an expert in giving medical testimony, the physician-witness needs only
   a. A license to practice medicine in that state
   b. An M.D. from an approved medical school
   c. A National Board of Medical Examiners diploma
   d. A subscription to the Journal AMA

4. The cost of all scientific research in the U.S. in 1940 was shouldered according to the percentages indicated:

	a.	b.	c.	d.
Government	90%	20%	1%	50%
Philanthropy	7	1	67	44
Educational institutions	2	9	12	4
Industry	1	70	20	2

5. President of the AMA for 1945-46 has the surname
   a. Kretschmer c. Lee e. Braun
   b. Shoulders d. West f. Seeger

6. The insigne worn by medical officers of the Public Health Service is a
   a. Crossed caduceus and oak-leaf d. Caduceus
   b. Crossed caduceus and anchor e. Maltese cross
   c. Crossed caduceus and bed-pan f. Double cross

Your Chances in Group Practice

Beginning a survey of what it offers to physicians and patients

EDITORS' NOTE: Physicians released from the armed forces face the immediate problem of deciding where and how to resume their profession. One possibility open to them is group practice. A clear picture of group practice—what it is, its advantages and disadvantages, its successes, failures and promises—will be presented by MEDICAL ECONOMICS in a series of articles of which this is the first.

There are an estimated 200 groups of four or more physicians practicing medicine privately in the United States today. The 1,500 physicians believed to be associated in such groups represent about 1 per cent of the total number of physicians in active practice.

There was a minor boom in group practice after World War I, and some observers say we are now on the verge of a major one. The factors making for a post-war increase —though not necessarily a boom— are quite plain: Probably 10 per cent of the groups operating in 1940 were dissolved during the war; some of these will be back. In addition, service in the armed forces gave some 60,000 physicians a taste of group practice of one kind or another. Some found it unpleasant but others liked it and are seeking group affiliation as they shed their uniforms. Normally, they might be deterred by a reluctance to exchange a practice built up over a number of years for the risks inherent in any new venture. But for many doctors the war has wiped out that consideration.

So much for the war-born reasons for engaging in group practice. What about the permanent ones?

They seem to be many and varied. The desires to render better medical service and to create more agreeable conditions for the practice of medicine, which go hand in hand, are probably basic. Ideally, group practice provides adequate diagnosis for all cases, makes possible the availability of a physician at all times, and permits economies of centralized facilities and specialties. The economic question is undoubtedly an important one to any doctor joining or forming a group. While there is no evidence that the joint and continuous use of offices and equipment, sharing of the services of lay personnel, and centralized fi-

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nancial control have greatly reduced professional expenses, group practice does make for higher incomes. According to the Fifth MEDICAL ECONOMICS Survey, active nonsalaried physicians practicing in groups or partnerships had an average net income of $13,206 in 1943, while the same category of physicians in individual practice had an average net income of only $8,547. The net income of group physicians was $4,000 higher than the average for *all* physicians.

The success of a group is decided usually by the ability of its leading physician. However, most exponents of group practice admit that it takes doctors of certain temperaments to form and maintain a successful group. There is no specific criterion for doctors to follow in determining whether they are personally suited to group practice, but in general those who are good mixers in everyday society and enjoy close cooperation with others in work or recreation would make good group members.

Though group practice has spread to nearly every state in the country, a large majority of the active groups are located in the Mid-West and West. Recently the number in the East and South has increased, but there is no widespread group movement in these areas. Some group practitioners say that the development in the Mid-West and West is a result of economic necessity. Not all individual practitioners in the large, sparsely populated sections of the Mid-West and West can attend a number of patients sufficient to enable them to maintain expensive medical equipment and to employ necessary lay personnel.

While group practice is often defined to include associations of as few as four physicians, the majority of groups contain more than this number. The average group contains six or seven doctors and a number of aides. Perhaps the most nearly ideal group contains at least one general practitioner and one specialist in each of the more common specialties. A successful group in the East, now entering its sixteenth year, has one doctor in each of the following medical classifications: general surgery; internal medicine; urology; eye, ear, nose, and throat; gynecology; psychosomatic medicine; ophthalmology; dermatology; and dentistry.

Much has been claimed for group practice. And undoubtedly an examination of the groups now practicing successfully would reveal many of the benefits claimed both for physicians and for patients. Not all groups, however, are successful. Factors making for the success or failure of groups will be the subject of subsequent articles.

No Cyclotron, He

"I tried it and I can't do it and my wife tried it and she can't do it," the patient complained. "Tried what?" I asked. "To cut these tablets into three parts without smashing them. Look, it says 'Take one tablet three times a day'." —EDWARD FITZGERALD, M.D.

Solutions for a Problem-Office

Building an annex, even in a tight corner, is possible with clever planning

Below is the frame house of a Long Island (N.Y) ear-nose-and-throat specialist who was tired of making shift with a living room for his waiting room and a sun porch for his office. He requested Architect Stanley Smith and Interior Designer Alexander Styne to do the following:

¶ Construct and equip an adequate office suite as an addition to the existing house.

¶ Keep the appearance modern, the change inconspicuous, and the cost economical (for both building and maintenance).

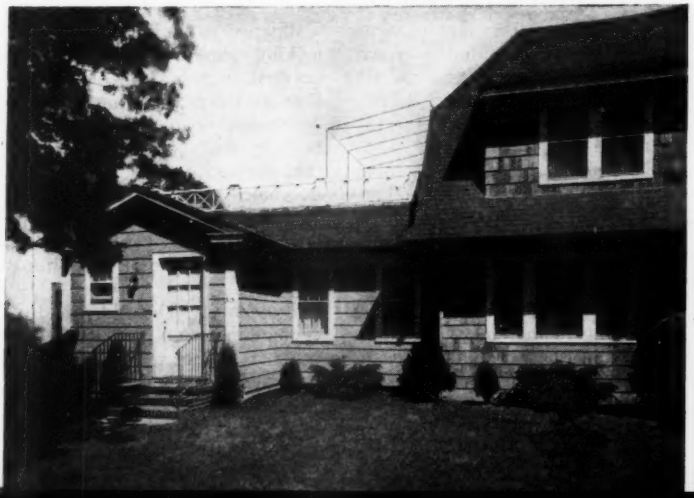
¶ Plan as large a waiting room as possible, and provide a minimum of "walkage" for the doctor and his nurse.

Special problems arose from (a) the fact that the original structure was built far back on a small corner lot and (b) the reluctance of the doctor's wife to see the friendly, homelike countenance of the house sacrificed in the process of remodeling. However, the most important problems were these:

Problem 1: When the 25′ x 31′ addition was built onto the only side of the house where it could possibly go, its most important windows were found to be blocked by the existing garage.

Solution 1: The garage was removed bodily to a spot behind the pantry, which could get along with less sunlight.

Problem 2: After the annex was



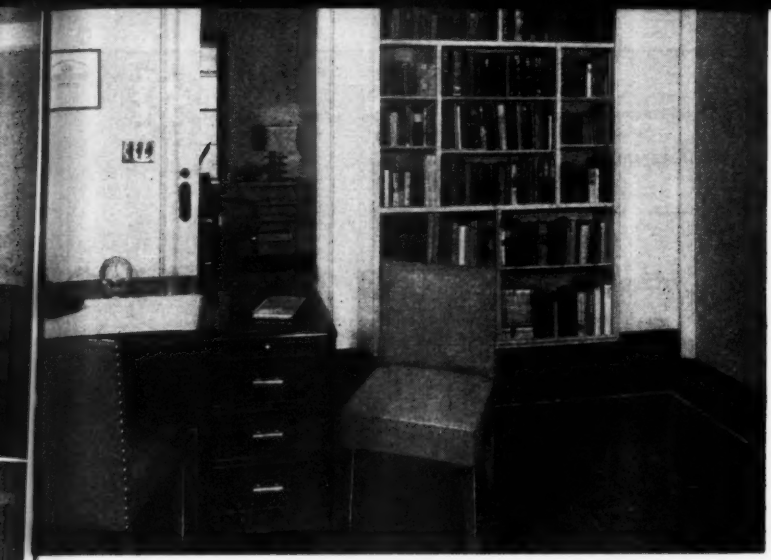


Draw curtains impart an air of quiet and privacy during evening hours to the reception room, which gets ample light by day.

blueprinted to contain a foyer, waiting room, consultation room, and two examination rooms, the doctor's wife insisted on having part of the space for a breakfast room!

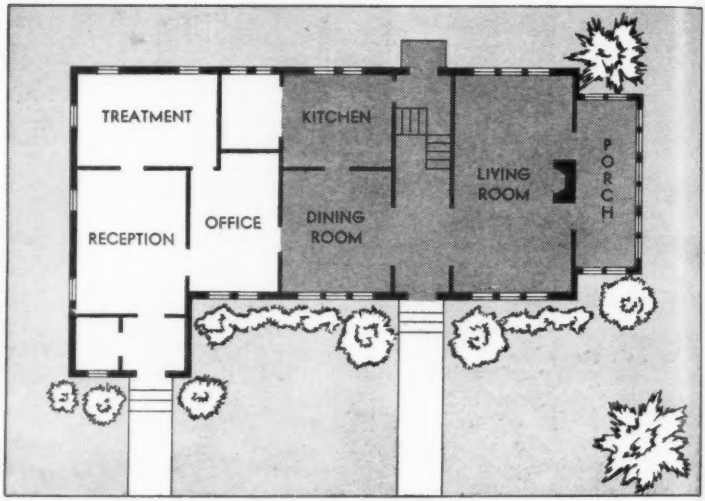
Solution 2: The smaller examination room became the breakfast room. The larger room became a two-in-one consultation-examination room. An invisible diagonal divides it into two independent triangular units. Depending on which way one is facing, one sees either a cozily furnished, walnut consultation room with washable striped wallpaper, or an efficient, sanitary-looking examination room, its walls covered with cream-colored Marlite, its cabinets cream lacquered with white opaque glass. The cabinets, by the way, are so arranged that the doctor can reach any of his instruments without getting up from his stool; the nurse, standing behind the patient, can reach all the cabinets, too, simply by turning around.

Problem 3: The old, hand-split cedar shingles on the outside of the original house were so weather-browned that they could not pos-



Above and below: Two views, one room! Since the doctor required two treatment rooms he allotted space for one in his office. The other (see floor plan) has a separate entrance into the reception room, permitting the nurse to conduct a patient to it without passing through the office.





Shaded part of plan indicates main structure, unshaded part, the annex.

sibly be matched colorwise for the annex.

Solution 3: The designer suggested staining the old and new shingles alike to a silvery gray. This unified the two-part structure.

Incidental tips: space-saving sliding doors throughout . . . radiator covers and bookcases made of pickled pine that takes hard wear without marring . . . hanging fluorescent fixtures for good overall lighting, with lamps spotted at crucial points. —F. H. SELDEN

Brother in Arms

It had been a harrowing week for us internes. On Sunday night I took three grains of nembutal so that I'd relax enough to fall asleep. An hour later, I was aroused and called to the ambulance entrance to pronounce a man dead. Needless to say, I staggered a little and spoke queerly. When I started back to my room, two policemen present insisted on taking me by the arm and "helping" me.

"I'm not drunk," I protested vainly as they paraded me through the halls. "For Pete's sake, smell my breath."

"Now, don't worry, buddy," whispered one of the cops. "We know how it is—we've just been having a Tom Collins ourselves."

—ARTHUR JAMES, M.D.

American Medicine Said To Be Using the Wrong Symbol

Historian explains why Aesculapian staff is supplanted by caduceus



Asked to describe the symbol of medicine, the physician will often say that it consists of a caduceus—a wing-topped wand around which two serpents are coiled.

Such a reply, though wholly incorrect, is entirely understandable. Down the centuries, confusion has persisted between the caduceus and the staff of Aesculapius. According to the fables of ancient Greece, Hermes, messenger of the gods (and known to the Romans as Mercury), was symbolized by the two-serpented wand—the caduceus—while Aesculapius, the immortal healer of the Iliad, carried a heavy staff bearing but a single snake.

In an effort to trace the relation which the two symbols bear to each other, Stuart L. Tyson, writing in the Scientific Monthly, had this to say (in part):

"The heavy staff or club, bearing a single twined snake, from the early days of Greek mythology until at least the period of Henry VIII, has invariably been associated with him whom all physicians of the Western world revere, not only as the very *Deus Medicinae*, but also as the fabled ancestor of Hippocrates, the true *Pater Medicinae*.

"The term 'Caduceus'—or probably more accurately 'Caduceum'—is the Latin adaptation of the Doric or Aeolic 'a herald's wand,' derived from a 'herald' or 'ambassador,' in turn evolved from 'to announce': the neuter adjectival substantive denoting the symbol of the official state messenger as he went out to treat of peace.

"In the Greek world it was originally a shepherd's crook, a forked olive branch, adorned at first with two fillets of wool, then with white ribbons, and later with two snakes intertwined, the Caduceus *par excellence*, the magic wand of Hermes, the heavenly messenger of the gods.

"This last, according to the monumental Oxford Historical Dictionary, 'is its earliest and proper sense in English.'

"Next, as to Hermes or Mercury, the true bearer of the Caduceus: He was the son of Zeus and Maia, as Asklepios [Aesculapius] was begotten by the healing god Apollo. A late myth, however, makes him half-brother of the god of medicine, whose daughter Hygeia he is said to have married. This is about the extent of his connection with the healing art.

"According to one myth, Hermes obtained the Caduceus as follows: With great ingenuity he had



Hermes and caduceus

evolved the lyre from the shell of a tortoise and, playing thereon before the enchanted Apollo, received in return an ambassadorial portfolio to mediate between the gods and men.

"As high heaven's herald, he was given the magic forked wand, the *signum* of the peace-bringer, ultimately decorated with the two intertwined serpents, and sometimes also with wings, as symbolizing his incredible speed.

"How singularly inappropriate is the use of Hermes' emblem by physicians may be realized by recalling some of his functions: As god of the high-road and the market-place, Hermes was perhaps above all else the patron of commerce and of the fat purse; as a corollary, he was the special protector of traveling salesmen. As spokesman for the gods, he not only brought peace on earth (occasionally even the peace of death), but his silver-tongued eloquence could always make 'the worse appear the better cause.'

"From this latter point of view, would not his symbol be suitable for certain Congressmen, for all medical quacks, and for book agents and purveyors of vacuum cleaners—rather than for the straight-speaking therapeutist? As conductor of the dead to their subterranean abode, his emblem would seem more appropriate on a hearse than on a physician's car.

"To crown his character, he was a murderer—and a patron of the ancient and honorable pastime of craps, over which he seems to have presided with relative impartiality. But his relationship to medicine is tolerably near absolute zero.

"Far otherwise is the case with Asklepios, the divine healer, whose whole life was selflessly devoted to the amelioration of human suffering. He conducted no souls into the underworld. On the contrary, he was ultimately electrocuted by Zeus on complaint of Pluto, who averred that by his supernatural medical skill he was depopulating hell and so reversing the whole cosmic order! Nevertheless, so great was his celestial fame that, by way of compensation, he was forthwith translated into heaven as a constellation, 'The Serpent-Holder.'

"It appears superfluous to say that he was never pictured in Greek or Graeco-Roman art as bearing the Caduceus, an emblem utterly foreign to him, and with which at no

time had he either direct or indirect connection. The very term itself, as wholly devoid of any medical connotation whatsoever, has no place in the Aesculapian vocabulary.

"While the origin of the term 'Asklepios' is uncertain, there is some probability that it was derived from a Greek word meaning 'the creeper,' *i.e.*, one who walks by rolling round and round, again suggesting the snake. He is represented in ancient art as a reverend bearded god, leaning heavily upon a thick knotted staff, around which a serpent is coiled; or sometimes seated while votive offerings are brought to him, with the serpent by his side.

"From Epidauros, the splendid seat of his chief healing shrine, Asklepios as a snake came to Athens in 420 B.C., and to Rome in 291, which latter event ultimately gave to the Western world the more familiar Latin equivalent 'Aesculapius.'

"How, then, did his symbol become confused with that of Hermes (a phenomenon, so far as I know, confined today entirely to the United States)?

"According to Engle, the earliest instance of the confusion is that of the famous Swiss medical printer, Johann Froben (1460-1527), who pictured in his publications a two-serpented wand surmounted, not by wings, but by doves. Sir William Butts, physician to Henry VIII, employed the erroneous *signum*; and a few years later, Dr. John Caius presented to Gonville and Caius College, Cambridge, a silver caduceus.

"We do not hear of the symbol again until 1844, when it appears on the title pages of the medical publisher J. S. M. Churchill of London; and so far as the present writer is aware, this is the last heard of it in England. The true Aesculapian emblem is used today by the Royal Army Medical Corps—and by the French Medical Military Service.

"But in 1856 the two snakes once more re-appear, this time on the chevrons of hospital stewards of the U.S. Army, later on the seal of the U.S. Public Health Service, and in 1902 on the uniforms of U.S. Army medical officers. From these sources, apparently, the erroneous symbol extended over nearly the whole of the American medical profession, large numbers of whom still believe that what in reality is the emblem of the god of thieves is that of the immortal healer, 'the blameless physician' of the Iliad."



Aesculapius and serpent

How to Hire Investment Service

Decide first whether your objective is quick profit or steady income



The financial woods are full of investment advisers and agencies whose assistance is available to the individual investor at costs ranging from nominal amounts to thousands of dollars annually. There is an equal variation in the kind and quality of assistance offered. How is the doctor to decide where to go and what to pay for investment advice?

A point that is important to the busy practitioner should be made at once. Most of the investment services whose advertisements you see in the newspapers (they include large and reputable organizations as well as "tipsters") offer opinions on the future course of the market, lists of desirable securities, and perhaps cautions against those least worth holding. It is left to you to decide which items on the lists are best for your specific needs; for these services usually supply too many recommendations for one investor to use, and inevitably some are not as good as others. One consequence is that it is difficult to assess the value of their advice and to decide whether it is worth its cost to you.

Not all advisory services follow this take-it-or-leave-it policy. Some offer their talents for hire, not as suggestion providers, but as full time investment managers. In effect, they accept a direct or implied responsibility for selecting your investments, for continuously supervising them, and for advising or undertaking changes when changes are deemed requisite. One of these services is known as investment counsel. Employment of a competent investment firm is tantamount to providing for your investments virtually all that a full time personal financial staff might provide. Its recommendations are specific, carefully integrated, and based on study of each client's needs and financial position. Few investment counsel firms accept accounts of less than $100,000, and virtually none accept accounts of less than $50,000. Annual fees are usually 0.5 per cent of the amount of funds under supervision; this is the only charge made.

Another complete management service is available through the common trust funds operated by some

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► Eugene J. Habas, the author, is an "experts' expert" in the investment field. He is chairman of the editorial board of The Analysts' Journal, official organ of the Society of Security Analysts.

banks. These are actually financial pools in which the participants have interests proportional to their contributions. Amounts of as little as $10,000 are accepted in most of them. There is a certain drawback, however, in the fact that the trust agreement can neither be initiated nor terminated with promptness. Managing banks try to avoid including in their common trust funds capital that is set aside only temporarily.

Management of the common trust fund is usually conservative. Part of the money is always kept in highest grade bonds; the portion invested in common stocks (where there is greater risk but also greater possibility of capital expansion) is rarely as much as 50 per cent. If you happen to have an adequate amount of protected capital in insurance, Government bonds, or other assets and want to invest in common stocks only, the common trust fund will not answer your needs. But if your investment objectives are akin to those of the common trust fund, which places protection before profits, you will find its service advantageous. It will give you a yield of about 2½ to 3½ per cent.

The cost of participating in common trust funds varies only slightly since it is regulated by state statutes covering trust fund agreements. In New York, the annual charge of the managing bank on small trust funds is 6 per cent of the net income from investments plus 110 per cent of the dollar amount represented by the 6 per cent. For instance, if an original $10,000 common trust fund investment produced an annual income of $400, the annual charge would be 6 per cent of $400, or $24, plus 110 per cent of $24, or $26.40, making a total of $50.40. This is about one-half of 1 per cent of initial principal. (The peculiar method of calculating fees arises from certain legal distinctions between allowable charges against income and those assessed against capital.) In addition, there is usually a legal fee for executing the trust agreement.

A third means of obtaining diversification and continuous supervision of investments is to become a shareholder in one or more investment companies (*i.e.*, investment trusts). Lest there be any doubt as to what an investment company is, it may be described as a company whose sole business is investing in securities; whose stockholder-owners are in effect a mutual association of investors with a common investment goal; and whose activities are regulated under Federal and state laws.

There are over a hundred investment trusts, and they vary widely in what they offer the investor. Some seek stability of income and principal, some maximum profits, and still others, maximum income return. Some invest only in bonds, or only in the securities of one industry—steel, for instance—so that the investor may secure diversification even within a limited field. Moreover, amounts invested in shares may be as little as $100.

Investment trusts are of two general types. Those known as closed-end trusts are generally listed on the New York Stock Exchange or on the New York Curb Exchange. Their shares are made available in the same way as those of a corpora-

[*Continued on following page*]

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tion like General Motors. The cost of becoming a shareholder, above the amount paid for shares, is your security dealer's usual brokerage fee. The share holder's annual cost thereafter is the corporate maintenance expense.

In recent years, expenses of investment companies have ranged from 15 per cent to 20 per cent of annual income from securities owned. Thus, if annual income were at the rate of 4 per cent of assets, a 20 per cent operating cost would amount to 0.8 per cent of assets.

The greater number of investment trusts are not closed-end but open-end. Purchases of open-end shares are made from the issuing investment company through accredited local security dealers, and not in the general market. The cost of investing in them includes a distribution charge which runs as high as 8¾ per cent of the cost of shares purchased.

Of the two types of investment trust, the open-end is often the better choice. Its shares are always redeemable at asset value; whereas those of the closed-end company must be sold at market value, which may be considerably less than asset value at the time of sale. There are excellent companies of both types, however, and their popularity is indicated by the fact that as of the end of last year the public had entrusted to members of the National Association of Investment Companies more than $2 billion of investment funds.

The best advice that can be given to the potential investor is still, of course, the old adage, "Look before you leap." Decide, too, what you want from your investment before you invest. —EUGENE J. HABAS

Rural Free Delivery

I had been in the township only a day or two when an obstetrical case took me to a farmhouse which lay deep in a gully. On my arrival at the ridge above the gully, I managed with considerable difficulty to break through the crusty snow and clamber down to the house. There I waited for a nurse I had summoned by phone. Presently, hearing a car stop on the road above, I hurried to the foot of the hill. As I looked up, the girl appeared at the crest, sat down calmly on the crusted snow, and slid downward. Before I could move, she had glided right into me—and down we went in a tangle of arms and legs.

After the delivery, I washed up, put on my coat, and told the husband I'd send him my bill. "You're new in the neighborhood, ain't you?" he said slyly. "What I seen on the path outside would sound awful bad in the tellin', wouldn't it? Did you say somethin' about a bill?"

I never did send that bill, even after I married the nurse!

—HARRY FOX, M.D.

Senator Pepper Explains Absence of the Means Test in EMIC

Says charity connotation would discourage needy parents

EDITOR'S NOTE: *Senator Claude D. Pepper (D., Fla.), principal sponsor of the Emergency Maternal and Infant Care program, was asked by this magazine for his answer to a question which many a physician has pondered, namely: "Why are benefits not limited to persons in the indigent and medically indigent groups?" His reply follows: Its implications are discussed on p. 172.*

The means test signifies charity. I am convinced that the American people do not want a charity maternal and child health program. In introducing maternal and child health legislation, we were interested in helping to assure high quality preventive, diagnostic, and therapeutic health services. If a means test had been included, a parent would have had to declare indigency, or at least medical indigency, to obtain health services under the program. This would not only have been degrading, but, even more important, it would have interfered with the health program. How many parents would declare themselves indigent in order for their children to receive regular health examinations and immunizations? How many mothers would seek prenatal care if they had to declare themselves objects of charity to receive it? Some would, as they do now. Many more, however, would prefer to do without services obtained under such conditions, as they do now.

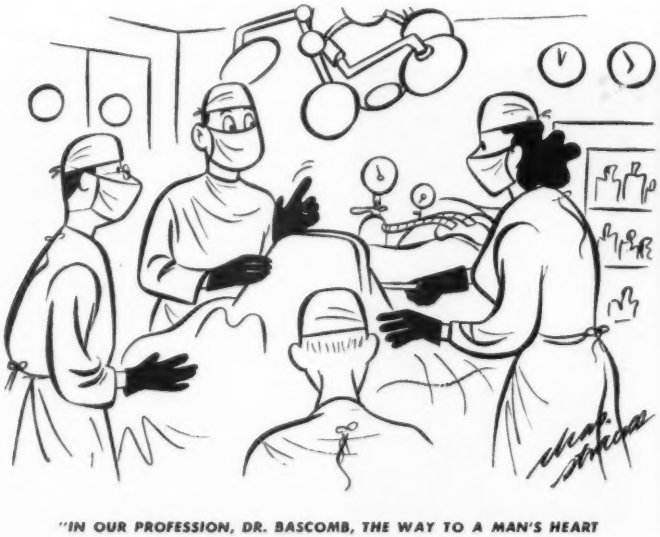


Senator Claude Pepper

Your letter to me says that "Most mothers and children in families of adequate means can get good medical care," and asks, "Why, therefore, should these mothers and children be given 'free' care under the terms of S.1318 (the EMIC bill)?" First of all, medical care is not free under S.1318. It is paid for by parents

and other citizens through taxes. Second, it may be true that *most* mothers and children in families of adequate means now get good medical care. But we might differ about what proportion of our families have adequate means. I would emphasize, for example, that in the prosperous year of 1942, 50 per cent of our people were still in families with incomes under $2,000 a year. Even where adequate means are available, a severe or chronic illness may drive a family into debt, or wipe out its life savings. We all have examples in our own experience where the needs of a spastic, rheumatic, or mentally disordered child drove a formerly comfortable family into desperate financial straits. It is enough for a family to have the tragedy and worry of illness, without having to worry about its financial ravages as well. Moreover, we are interested primarily in assisting in the provision of preventive health services: well baby clinics, school health services, prenatal clinics. If people of adequate means want to pay fees for such services they are perfectly free to do so. However, they can reasonably be asked to contribute through taxes for the welfare of the children of the whole community.

In my opinion, there are no first-class and second-class citizens in the United States, therefore, there should be no first-class and second-class patients—those who are declared objects of charity and those who are not. —CLAUDE PEPPER



"IN OUR PROFESSION, DR. BASCOMB, THE WAY TO A MAN'S HEART IS NOT THROUGH HIS STOMACH."

Catechism for Consultants

Are YOU *above reproach in your consultive relations with other practitioners?*



A colleague of mine and former classmate—we'll call him McGee—could never understand why he failed to ring the bell when consultants of lesser skill were turning them away. Here he was, well-trained, with a good residency and numerous graduate courses behind him, a neatly framed American board diploma on the wall, and fellowship in his national specialty society. He was identified with the right club, the right church, the right neighborhood. His wife was a charming hostess. Yet somehow the general practitioners were always calling someone else. It wasn't B.O., but it must have been something that even his best friends wouldn't tell him. Or at least they didn't.

One day the local dean of his specialty announced his retirement. McGee hastened over to pay his respects and to see if he couldn't pick up a few crumbs from the richly laden table the old man was going to leave behind him. In a reflective mood induced by age, success, and an impending farewell party, the elderly specialist was tempted to give his younger colleague some advice. He wanted to say, "No, McGee, I'm not recommending any of my patients, nor any of my general practitioners to you. And I'm going to tell you why. It's about time someone did, for your own good.

"I've been a consultant for 35 years, and a pretty successful one, if I say so myself. I've discovered that there are seven sins of specialism and, believe it or not, *you* make a practice of committing all of them!

"Sin number one is *unjustified optimism.* When you know that the G.P. is going to continue with the case after you leave, you try to spread sunshine by giving the family an unjustifiably favorable prognosis; you leave them with an everything-will-be-all-right air. If the patient gets worse, the family naturally blames the G.P. because you, the big specialist, assured them (perhaps only by implication) that everything was fine! Oh I know, that's just the bedside manner they taught you in school. But in some cases it may leave the general practitioner holding the bag. If you aren't sure of the outcome, don't sound off like a Pollyanna.

"Sin number two concerns *rigid and exorbitant fees.* Yes, I know, my average fee is higher than yours, so who am I to talk? But you put emphasis on the wrong word. It isn't the size of your fees that's objectionable. It's the rigidity of your schedule and the awkward way you importune for fees. When a G.P.

Handitip

Pleasing Parents

When a patient brings her child with her to the office, I always ask the youngster's name and later write it on the parent's file card. I find that mothers get a great kick out of my asking in the future, "How is little Audrey?" —M.D., NEW YORK

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tells you that a family can't afford your full fee, you assume he's trying to chisel, even though he knows the situation better than you do. So you get on your high horse and say oh, no, you couldn't afford to shave the fee. That kind of cooperation is a reason why you're a once-called specialist. Another thing you do is to give the impression that you're more worried about your fee than you are about the patient's health. Your insistence that the family have the fee ready when you come in is a case in point—and it's a boomerang. Sure, I know there are lots of deadbeats in the world; and you've probably been stuck by your share; but as it is, you insult the G.P. and you offend the family, who may be old patients of his.

"Sin number three is *careless reporting and acknowledgement.* The G.P. expects an acknowledgement and it's not enough to assume that the patient will tell his doctor he has seen you. If you don't acknowledge the first case from a family doctor, you may not get a chance to acknowledge a second. Even when you *do* send in a report, it's a measly little letter which tells the doctor nothing. The G.P. wants to know what you found, what you recommend, and on what you base your conclusion. Your assumption that he wouldn't be interested in the technical details of the specialty is all wrong. As a matter of fact, your stinginess with the data is often highly embarrassing to him.

"Sin number four has to do with *impractical reports.* When, because the G.P. insists on it, you do send out recommendations, they are often impractical. Why, they're still laughing over the time you recommended that old Tom Petersen go to Florida for his health, when even you should have known that he can hardly afford his daily bus fare. Remember, too, when you told Mrs. Atcheson not to worry so much and to stop imagining she was sick? If she could have done that she wouldn't have gone to a doctor in the first place. Sometimes you say: 'Keep the patient on sulfa drugs'; but you don't suggest how much, how often, or what form of the drug. When you recommend a diet, instead of specifying a sample menu, you say, 'Eat only easily digested foods'—whatever that means.

"Sin number five is *impairing confidence in the general practitioner.* I know you don't mean to do that. But I've heard stories of how you have done it unintentionally. Remember the Ames case when you changed the medicine so abruptly that the patient thought, 'Good heavens, the G.P. must have been giving me poison!' Another bad habit is going into private conference with the patient or family while the G.P. sits it out by himself. This is downright unmannerly and a sure way to make people think that if they had left the case in the family doctor's hands, the patient

would by now have been dead. You also have a penchant for telling the patient what the verdict is without finding out whether the family doctor wants it done that way. It's a sure method of losing friends and alienating G.P.'s. Why not let the family doctor convey your findings and suggestions? I have seen you question a G.P. in the presence of a family, and just the look on your face when he told you what treatment he had been using was enough to convince the people that he must be a quack. In consultive work you have to do one of two things: Cultivate a poker face or, better, pursue your conversations in privacy.

"Sin number six is *case-stealing*. Sure, I know that's one thing you'll deny. But the fact remains that only last week Anderson told me he had sent you a patient in order to get your opinion, and the next thing he heard, the patient was filling a prescription you had made out. Now after all, Anderson can write a prescription for *nux vomica* just as well as you can. When a patient is referred to you for an opinion or recommendation, you just don't take over his treatment unless the G.P. has made it absolutely clear that you are to do so. You should know enough by now to tell the patient to return to his family doctor, who will receive direct a report of your findings and suggestions. Of course you lose a revisit that way. But it pays off with the good will of the general practitioner.

"Sin number seven is *arrogance toward the general practitioner*. You plead 'not guilty'? Then you can't be aware that one of your colleagues—Thompson—was so hot about you a few months ago that he burned up the staff room with the story. You had talked to him privately about a case you had seen for him; when he said he thought it was an unusual one, you bragged that you had seen hundreds like it. Maybe you had; but either Thompson didn't believe you or he resented the implication that he was a medical ignoramus. Then when he told you what drug he had been using, you made some crack like: "Why do you fellows swallow all the stuff the detail men tell you!"—which was not only insulting to Thompson's intelligence, but all wet because that detail man happened to know what he was talking about. And finally when he asked you for a diagnosis, you gave him a lecture on the anatomy and pathology of the condition, on how you could differentiate it from six other syndromes, and on the history of the treatment of the disorder since before the days of Galen.

"Thompson felt you were trying to make him look like a second-year medical student. Next time he wants a lecture, he'll certainly call you. But next time he wants a consultation, he'll call someone else."

• • •

Although the old man was tempted to tell McGee all these things, he restrained himself. Even if he had spoken out, the recipient of his advice would probably have said to himself, "He's crazy. Some other fellows may commit those sins he talks about, but they don't apply to me."

McGee, it was clear, would always enjoy one advantage over his fellow-specialists: He would have less to worry about at income-tax time. —J. W. ROSS, M.D.

Buying a Practice

Here are hints that may help you to get full value for your money



The buying and selling of medical practices, never widespread in prewar days, now shows signs of developing into a boomlet. Having tried unsuccessfully every other means of finding a location with office quarters, a number of demobilized physicians are now attempting to buy their way into communities. Older men, tired of the strain of wartime practice, are often inclined to sell and retire.

Members of both groups who want to avoid painful blunders would do well to observe certain don'ts. The buyer should not, for example, conduct negotiations entirely by mail. At least one young physician who did so is still nursing regrets. After committing himself to purchase the equipment and good will of another physician in a community several hundred miles away for $1,200, he raised $900 on his furniture and life insurance, packed himself, his wife, and their personal belongings in his car, and drove to the location. There he was shocked to find a catch in the deal: The seller told him he could have the practice for $1,200 only if he bought $4,800 worth of real estate. Though a certain amount of preliminary negotiation by mail may be necessary, the final decision should be made on the spot, and then only after a thorough investigation has been completed.

GOOD WILL

A troublesome question that comes up in negotiations is the evaluation of good will. Those who are in a position to know say unequivocally that good will is not a transferrable asset of medical practice. Some physicians have had to learn this at considerable expense. Consider the case of a specialist who was offered a practice in another city for $15,000. After considerable negotiation, the price was finally reduced to $7,000–$6,700 for good will and the balance for equipment. The specialist's new practice lasted three months. He found the list of patients loaded with deadwood. Referrals fell off abruptly. He failed to get on with patients who did come in. In the end he sold the equipment and quit—poorer by $6,700.

All that you can usually buy in good will is the chance to retain another man's patients. Of course, where you get his active assistance in doing so, this is not quite so intangible a benefit. The best possible arrangement is for him to stay on with you for six months or a year, or for you to act as his assistant for the same period, with the option of buying the practice if everything works out. If you are solidly established with the patients at the end

of that time, you can afford to pay a premium for the practice.

The seller may be justified in demanding a premium over and above the value of his physical assets for other reasons. He may, for example, be instrumental in getting you into a hospital. In any event, you must make a decision based on your own reasoning. Is the premium a fair one? If the total price is to be paid off in installments, will you be able to meet them? Is there good reason to believe that you will fit into the practice and into the community?

A good rule of thumb might be: Pay the premium if it gets you a definite advantage, but don't buy good will as such. As one court has ruled, "Professional skill, experience, and reputation are things which cannot be bought or sold."

CHECK EVERYTHING

Equipment. Either appraise the equipment carefully yourself or, better still, have an outside agency do it for you. Expect to pay a reasonable premium, since many items may be scarce in the open market; but don't accept the seller's appraisal.

Real estate. You will probably have to pay the inflated prices now generally demanded; but have an appraiser give you an independent evaluation of the property. Or get a real estate man to price comparable properties in the same neighborhood for you.

Open accounts. Have an accountant go over the books before you buy, and ask him to give you a realistic estimate of their value. Uncollected items over three months old are doubtful assets.

Accounts payable. All states protect creditors of the man who sells his business by setting up certain requirements for the seller. If he doesn't meet them, the responsibility customarily falls on the buyer. Have your attorney see that you are fully protected.

Loaded books. The books may show that the seller enjoyed a gross income of, say, $20,000 in 1945; but find out whether all of it was derived from practice. Maybe $5,000 came in from investments.

THE CONTRACT

If the seller has a contract drawn up, have your own lawyer go over it! What has been omitted may be even more important than what has been included. The seller may have assured you that he is retiring or moving to another community, but he is not bound by any such oral statement! He can, if he chooses, set up an office across the street. Your attorney can insert a clause prohibiting the seller from engaging in practice in the same area for a reasonable period, which the courts allow you to set as high as three years.

OFFICE AIDE

Will the seller's secretary stay on with you when you take over? If she's been with the doctor for a number of years, she may be one of the most valuable assets of the practice, since she can tip the scales in your favor with a great many patients.

BUYING FROM ESTATE

Executors of the estate of a deceased physician very often attempt to set a price on good will. Obviously, if it's a questionable asset when the seller is alive it is no asset at all when he is dead. His patients will have probably chosen new physicians and the mere fact that you will occupy his office will be no recom-

mendation to them.

You are not buying a "going concern." Such assets as accounts receivable will be taken over by the estate, and you will not even be able to meet people coming in to pay their bills. All you can buy, therefore—unless you have been the deceased doctor's assistant—is the physical property that he used. Buy it at its market value.

LEASEHOLD

If the seller leases his house or suite, make sure that the leasehold is transferable. Landlords often insert a clause forbidding a transfer without their consent. More important, find out how long the lease has to run. Anything less than two years should make you pause, especially if you are paying a premium for the practice. Where the remaining time is short, you may find that the landlord plans to impose terms of renewal beyond your ability to meet.

SELLER

Since there is a corollary for the seller in each of the points made above, a great deal more need not be said. As a seller, your moral obligation to your patients and the community will impel you to investigate the background of every prospective purchaser. You should be convinced of the ability and integrity of the man to whom you turn over your practice. Be particularly careful when you sell on an installment basis, for if your successor ruins your practice and then defaults, there won't be much for you to repossess. It would be far better to stay on with him for six months or a year, making sure he is the man you want to succeed you, and getting off him on the right foot. You'll be protecting your own interests.

Make sure your contract is equitable. For instance, if you accept a note based on a contract which expressly transfers good will, you may not be able to collect on it. Courts have ruled that since good will has no value in medical practice, such notes contain no consideration and are void. —C. G. BENSON

Hotbed

There was nothing wrong with her except obesity, complicated by extreme laziness. Nevertheless, she maintained that her legs were too weak to carry her even to the bathroom and that her heart would collapse under the least strain. I imagine I was about the sixth M.D. her long-suffering husband had called in.

As I left after my third visit, I whispered savagely to the nurse, "I'd like to set fire to her damned bed." Later that evening, the nurse phoned, half alarmed and half amused. "Now you've done it," she said. "That little brat of a son heard what you said and he built a newspaper bonfire under her bed. She got up, chased him all over the house, and beat the tar out of him."

I was never paid for the calls I made. On the other hand, I wasn't sued for malpractice either. —WILLIAM B. QUINN, M.D.



Dr. J. G. Woods steps from plane on emergency call deep in Australian interior.

Doctors With Wings

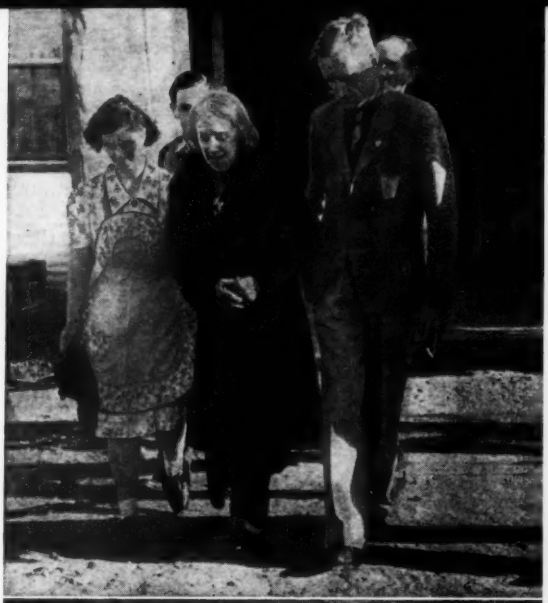
Hopping snow-topped crags, vast stretches of timberland, desert, and tundra, air-minded physicians in various parts of the world are today utilizing the airplane to save lives that would otherwise be lost. Many of them have risked their own necks making all-but-impossible landings in remote wastelands. Others have parachuted to earth to do emergency operations in densely-forested outposts. Really great strides have been made since the time, twenty years back, when Canadian doctors first flew in dangerous open-cockpit planes. In Australia, for example, a regular flying service is now in operation in several areas. And although the day may seem distant when the average U.S. practitioner considers a plane a necessity, the flying doctor will meanwhile become a desirable fellow in spots where people have long suffered and died because they were beyond the reach of medical assistance. For an indication of what is being done today, turn the page.

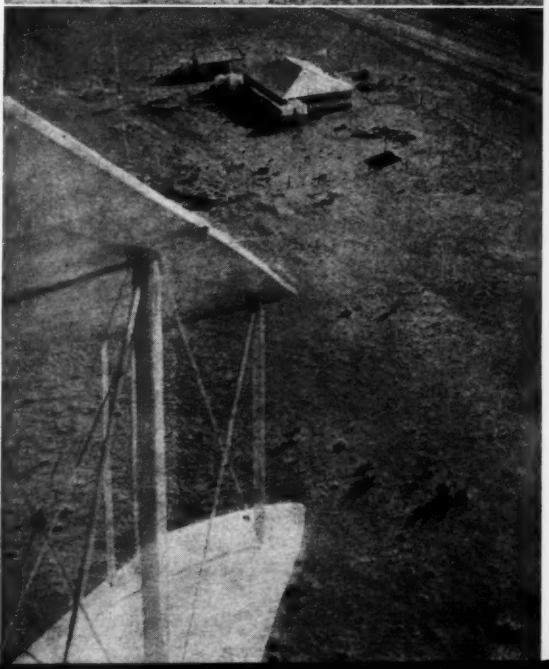




More than 150 miles from a doctor, in the Australian hinterlands, a woman has fallen seriously ill. Using the only means of communication with the outside world, a pedal-operated radio, her daughter calls an Australian district hospital at Broken Hill, talking directly to the operator there. (Each Australian base hospital —there are seven—normally serves an area within a 300-mile radius, but radio contacts of more than 1,000 miles are not uncommon.) At Broken Hill, the radio operator takes the message, getting as many details as possible about the patient's symptoms, the nature of the terrain in which the plane must land, and other facts that will aid both pilot and doctor. Then he orders a plane put in readiness and summons the physician, who is on 24-hour call. In this case, upon arrival, Dr. J. G. Woods has found the patient in need of hospitalization, and he leads her to the plane. During the flight, she will rest comfortably on a stretcher. If necessary, the doctor could have performed an emergency operation, for the plane carries adequate

equipment for that purpose. On the return trip, the pilot is in constant touch with his base by radio; orders may come at any moment to turn off his course and head for another remotely-located patient. ¶ Canadian flying doctors, stationed in outlying hospitals, also use the airplane to make periodic visits to tribes of Indians who live far beyond the reaches of civilization. The physicians are prepared to give inoculations, do minor surgery, and dispense needed medicines. In many parts of the Dominion, telephone lines reach into otherwise-remote districts, so that a fur-trapper or lumberman can phone his doctor, who may live fifty miles or more away. Such patients are visited by plane despite hazards that are sometimes almost unbelievable. Landings and take-offs are a constant problem, particularly in the winter months when snow may conceal jagged rocks and stumps. The planes used have, for the most part, been small ones; but more ambulance-type craft are becoming available with the release of Canadian war materials.

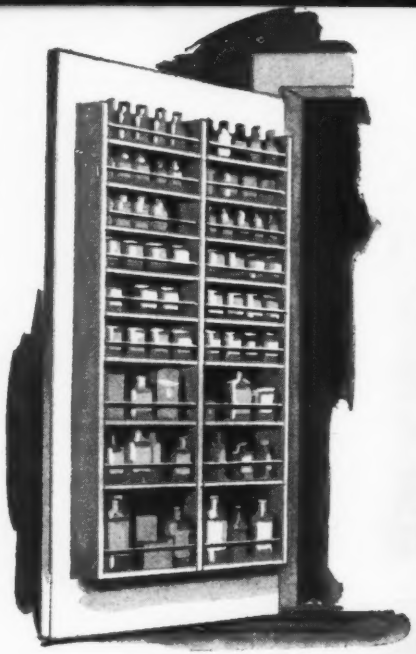




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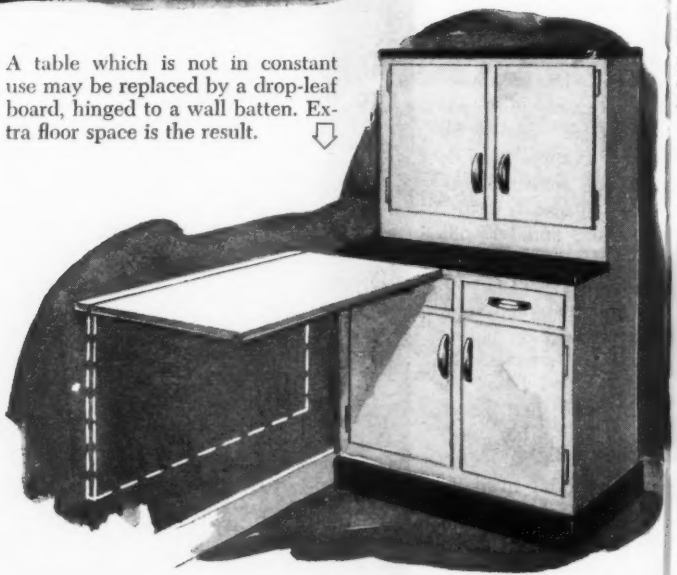
Space Savers

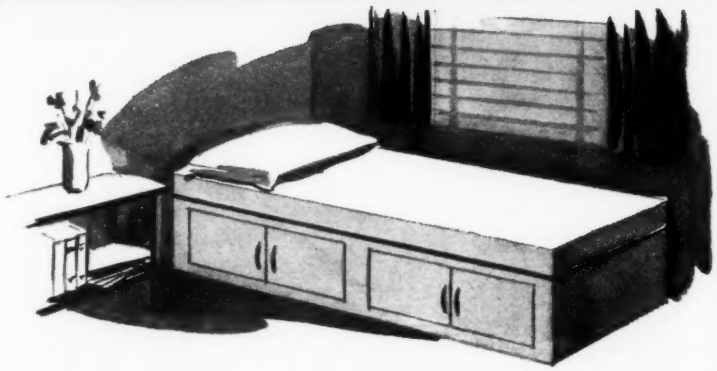
Here are a handful of ideas d signed to relieve the ever-pres problem of saving floor space a providing additional storage roo With these to stimulate your thi ing, you can probably improvis number of others.



⇦Drugs and supplies may stored conveniently on a rack tached to the inside surface of closet door. Nine shelves, five inch in depth, comprise the built-in u shown here. Any carpenter can ma it quickly and at a nominal cost.

A table which is not in constant use may be replaced by a drop-leaf board, hinged to a wall batten. Extra floor space is the result. ⇩

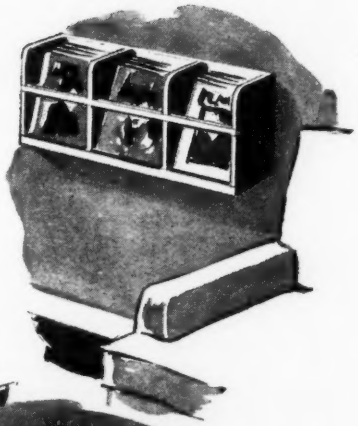


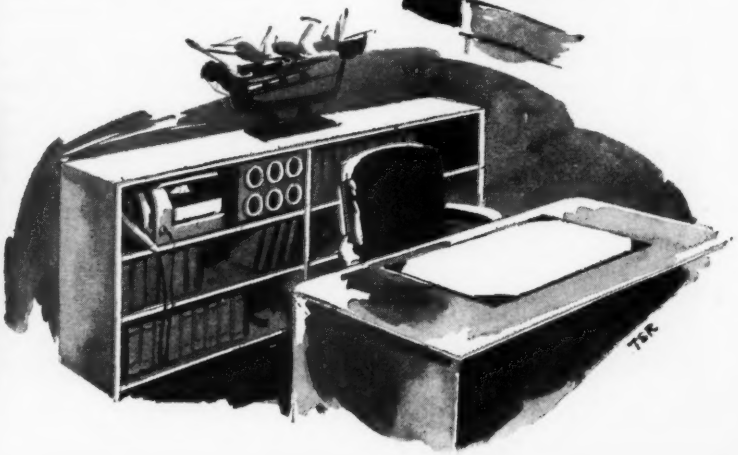


Space beneath a window seat or built-in couch often goes unused. Plan these units with drawers or cupboards as illustrated here.

Magazine racks may be located on your reception room walls, within easy reach of chairs and sofas.

An open-shelf bookcase behind your swivel chair makes an ideal nook for a dictating machine. Another possibility is a specially designed dictating-machine drawer in your desk. Several makers offer them.







The "Glenn Shipyards"



The prize possessions of Dr. J. Burton Glenn, Washington, D.C., cardiologist (see cut), are models of the warships Graf Spee and the Ajax, which engaged in the spectacular battle off Montevideo early in the war. Dr. Glenn's attachment for these ships does not derive from any special interest in the battle. He builds models of ships as a hobby, in what time he manages to spare from his practice and from his duties as director of the Cardiac Clinic at Garfield Memorial Hospital; and he regards the Graf Spee and the Ajax as the best things he has done. He estimates that it took him an average of nine hours a week for three years to finish them, which should qualify them for inclusion in anyone's labor-of-love department. Dr. Glenn came by his interest in boats and ships about fifteen years ago when a friend with a cabin cruiser invited him out on the Potomac. Like Mark Twain, he found himself fascinated by the business of piloting, with the result that before the day was over he had persuaded his friend to sell the cruiser to him.

From skippering a cruiser to building ship models, it seems, was a natural step. During the winter months when weather along the Potomac became inhospitable to boatmen, the doctor began to spend his spare time working on models. "It is wonderfully relaxing," he says, "and an ideal hobby for a doctor."

He always has several of his models on display in his waiting room. "They keep people's minds off their hearts and bloodpressures," he says.

—E.V. BJORKMAN

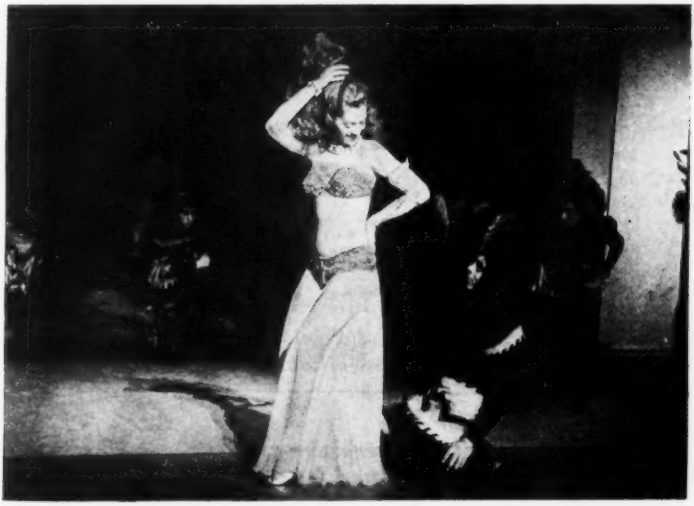
Entrepreneur





When "A Lady Says Yes"—a lush, sextravagant musical comedy—arrived on Broadway the verdict was unanimous. The critics said no. Even the presence of Carole Landis and other Holywood beauties who bulged becomingly (see cut) didn't help. The "Lady" was a turkey, as The Stem affectionately calls its flops. And among those who had stuffed it with large handfuls of money was its author, "Ashley Clayton," better known to Times Square as Dr. Maxwell Maltz, prosperous plastic surgeon.

Since the comedy was the result of two years' word tinkering by "play doctors," it's extremely unlikely that even Dr. Maltz could tell where his writing left off and theirs began. His original script, called "The Long and Short of It," dealt with the old fable about a male's nose and its relation to his virility;



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Such a combination of advantages in a palatable IRON preparation permits continuous, prolonged therapy so often necessary in hypochromic anemia.

℞ MAINTENANCE DOSAGE

One half to one teaspoonful, 3 or 4 times a day in water or milk.

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ADULTS: One tablespoonful 3 or 4 times daily in water or milk.

CHILDREN: One to 2 teaspoonfuls 4 times daily in water or milk.



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he modernized it by introducing plastic surgery. Subsequently the play was titled, "What a Romeo," "What a Man Romeo," and (when tried out in Philadelphia) "The Lady is a ?" Linton Martin, of the Inquirer, called it an "elaborately staged version of a story unrepeatable outside a smoker."

Dr. Maltz says regretfully: "My original script was a beautiful tapestry. But I permitted too many alterations." So many, in fact, that his Romeo was altered into a strip-tease artiste, his tapestry into a G-string.

The surgeon was not discouraged; if he can't always write hits he can at least write checks to back his efforts. About $23,000 of Maltz money went into the "Lady," reports one man concerned in the production; Dr. Maltz says his investment was much smaller and he got it all back. How much other angels dropped is not known.

Effervescent in manner, the surgeon-playwright made it clear to this reporter that he has no use for the bushel basket. He is more interested in associating with people who get into the public eye. One of his treasures hangs framed in the foyer of his office; it's a letter from Eleanor Roosevelt, thanking him for his work for "the unfortunates."



". . . a nose is a nose is a nose."

A close friend of the Gershwin family, Dr. Maltz has invested in some of its productions. He put money into "Porgy and Bess," which —unlike the "Lady"—was both an artistic and financial success. And more recently, he invested in "Carib Song" which had an all-Negro cast featuring Katherine Dunham and her dancers.

A bachelor, Maxwell Maltz has "almost" been married several times. Says he: "I give birth to so many new faces, and am father of such a large family of them, that I suppose I really don't need a wife. When I want to relax I write; I've just completed a history of plastic surgery, for instance—a task which took me seven years."

A large proportion of Dr. Maltz's literary production goes into his own waste basket. He simply gets it off his mind and then tears it up. But he has had articles in such diverse publications as the Journal of the International College of Surgeons and Esquire magazine. One of his Esquire pieces was called "A Nose is a Nose is a Nose After the Plastic Surgeon Adapts It to a Man's Face." He has had extensive experience with noses.

Currently, Dr. Maltz is collaborating with Richard Diamond on a play called "Unseen Scar." The scar, he promises, will not be revealed via strip tease. —ED CARR



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Why a Metabolic Test? The usual (chemical) method of assaying thyroid does not always assure a product of constant metabolic potency.[1,2] Therefore, a biological assay is used to standardize the metabolic activity of Proloid. The U.S.P. method is also used.

Dosage: Proloid is used wherever thyroid is indicated, in the same dosages as U.S.P. In ¼, scored 1 and scored 5 grain tablets.

[1] Harrington, C. R.: "The Thyroid Gland," Oxford, 1933, p. 141.
[2] Meyer, A. E., and Wertz, A.: Endocrinology 24: 806, 1939.

PROLOID the improved thyroid

The Maltine Company NEW YORK 22

Medical Society Recommendations Help Govern Publicity

Washington M.D.'s guided by a simple set of principles



Declaring that undue significance is often attached to the utterances of physicians who speak out on controversial issues, Theodore Wiprud, executive secretary of the Medical Society of the District of Columbia and professor of medical socio-economics at the Georgetown University School of Medicine, recently outlined a set of principles that his society has adopted for the better control of public relations.

Speaking before a regional conference of the AMA Council on Medical Service and Public Relations in Philadelphia, Mr. Wiprud pointed out that a private opinion, expressed publicly by a member of a local society, is often taken to be the viewpoint of organized medicine. Reckless talk to newspaper reporters can cause the society considerable embarrassment, he reminded his listeners.

"Being, so to speak, under the guns of Congress, we in Washington are naturally circumspect in what we say to the press," Mr. Wiprud pointed out. He then discussed his society's "Recommendations Regarding Publicity," a copy of which is sent annually to each society member.

In no sense are the recommendations either rules or regulations; they are merely suggestions. The society makes no attempt to gag its doctors; it simply endeavors to protect them and—more important—the public.

Following are the recommendations approved by the society and presented at the conference:

¶ The committee on public relations is the agency through which the society and its members should approach the public on all matters relating to medicine.

¶ Members desirous of giving information to the press on a health or medical subject should notify the secretary in order that the committee on public relations may arrange and supervise its proper release.

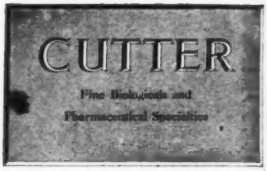
¶ Members invited by individuals or organizations to make a public address or a radio appearance or to write an article on a health or medical subject for lay consumption should also notify the secretary so that they may have the benefit of the committee's suggestions. Society members are advised against broadcasting articles over the radio, or releasing them to lay publications, without the approval of the committee. Adherence to this procedure will afford protection to both the public and the medical profession.

¶ Any officer or chairman or

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IMMUNE SERUM GLOBULIN*. . . for measles modification.The gamma-globulin fraction of pooled normal adult plasma, Cutter's Immune Serum Globulin is 20 times as potent as the original human serum. This small dosage volume is relatively non-reactive, and highly effective.



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Cutter Laboratories, Berkeley, California

member of a committee of the Medical Society of the District of Columbia who writes an article for the lay press or delivers a speech over the radio or in public on a health or medical subject should use only the title of his office in the society and none of his personal titles. No member is authorized publicly to commit the society to a policy unless specifically entrusted by the society to do so.

¶ To guide physicians who desire to write articles for lay consumption or to speak in public, the following suggestions are offered:

(a) Proper medical publicity is the issuance of a public statement concerning an event of general interest and importance. It stresses the happening rather than the individual.

(b) Undesirable medical publicity is the publication of material relating to individual activities designed to magnify the importance of that individual in the eyes of the public.

(c) Public health education is the impartial instruction of the public in facts relating to the nature, prevention, and treatment of disease. It stresses the facts rather than the individual presenting them.



"THE HOSPITALS ARE SO CROWDED THIS IS THE BEST WE COULD DO."



"It's a Boy!"

—and his life expectancy is brighter, and longer by 15 years —thanks to medicine's "men in white"

● Cold figures... with a warm, wonderful significance. Yes, the figures on increased life expectancy tell as much as a five-foot shelf of volumes on the amazing strides modern medical science has made in protecting and prolonging human life.



According to a recent independent nationwide survey:

MORE DOCTORS SMOKE CAMELS

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R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

Health Insurance New Trend In Industry-Labor Pacts

Unions hope for Federal law, but get what they can through bargaining

Trade unions in this country are becoming acutely health insurance-conscious. This is evident in their clamorous support of the Wagner-Murray-Dingell bill, the Emergency Maternal and Infant Care program, and similar legislation. An equally important manifestation, though it has gone largely unnoticed, is the trend toward inclusion of health insurance provisions in collective agreements.

This trend is a wartime product. A Bureau of Labor Statistics study made at the beginning of the war noted that health insurance provisions "rarely occur in union-agreements." A study made toward the close of the war showed something quite different. "An increasing number of unions have succeeded in having health benefit plans included in the terms of their agreements," it reported. Though no official estimate of the wartime increase in the number of workers covered by such plans was made, one labor economist says that the "number covered probably rose from less than 200,000 to about a million."

The immediate reason for this rise is simple. Unable to obtain wage increases because of the wartime wage stabilization program, unions were driven to seek "fringe benefits." They found these in health insurance plans, which, though they were in most cases completely financed by employers and therefore represented indirect wage increases, did not require War Labor Board approval. Employers, many of whom felt there was little to choose between giving part of their wartime profits to the Government in taxes and giving it to their employes through the payment of insurance premiums, offered no real resistance. As a result, health insurance plans developed into something resembling a new vogue in collective agreements.

But underlying this wartime factor is another, more fundamental one. Unions have wrestled with the problem of caring for their sick members for half a century. Until the last depression the dominant labor unions opposed any form of social security legislation as "paternalistic." Actually they feared that Government aid to workers would lessen union loyalty. Many of them operated their own sickness benefit funds, financed by dues or special assessments. But the depression, which quickly depleted union treasuries, made the continuance of these funds difficult or impossible.

[*Continued on page* 95]

EVERY DOCTOR KNOWS



EVERY doctor knows that each infant has his own individual rate of gaining weight—and he also knows that the selection of nourishing, fine-tasting foods is an important factor in steady weight gain. That's one of the reasons so many recommend Heinz Pre-Cooked Cereal Food, Heinz Strained Foods and Heinz Junior Foods—all prepared according to a 77-year quality tradition.



HEINZ *Baby Foods*

It also caused a reversal in the attitude of the American Federation of Labor, then the only big national labor organization, toward security legislation. The Congress of Industrial Organizations, formed during the most evangelistic phase of the New Deal, became at once a lusty advocate of cradle-to-grave insurance programs.

Only a handful of labor unions thought of writing health insurance clauses into agreements with employers. The labor movement as a whole was waiting for the Government to solve the problem when the war brought a moratorium on most social legislation and prodded labor leaders into following the example set by the few pioneers.

Against this background, it seems quite certain that the wartime trend will not peter out. "Labor unions," a leader of one of them observed not long ago, "usually keep what they get." Many of the larger unions, convinced that health insurance clauses represent at least a partial solution to a vexing union problem, already have campaigns under way to extend coverage to all their members. At present these are blanketed under wage demands, always of first importance in union strategy, but, as the writer was told by one CIO official, "they're sure to emerge after the wage question is settled."

The health benefit or insurance plans incorporated into union agree-



"DON'T GET EXCITED, MRS. TWITCHET, I WAS JUST USING THEM TO FIX A DOOR."

$100 PER ARTICLE

To stimulate sound, practical ideas on the business or non-scientific side of medicine, from which the profession as a whole may benefit, MEDICAL ECONOMICS offers $100 for each acceptable 2,500-word article. Shorter or longer articles will be paid for at the same rate but in accordance with length as published. Writers who wish to remain anonymous may do so. Articles will be judged solely on the value of the ideas they contain. Address Article Editor, Medical Economics, Inc., Rutherford, New Jersey.

ments do not follow any set pattern. Nearly all are financed by employer contributions of from 2 to 3 per cent of gross payrolls, but the methods of administration and the amounts and types of benefits vary. For example, about a third of the plans are administered mainly by insurance companies, a little more than a third by union-employer boards, and the rest solely by the unions involved.

An analysis of forty-six plans by Princeton University's Department of Economics and Social Institutions showed that all provided weekly cash benefit payments; that thirty-seven provided hospital benefits; that thirty-one provided surgical allowances; that twenty-six provided for maternity care; and that only a few provided for medical service by cash payments for doctors' visits or by union staff physicians. Most other groups of plans would show similar disparities.

One of the better and not unrepresentative plans, which covers 22,000 members of the American Federation of Hosiery Workers, has these provisions:

¶ Weekly sick and accident benefits equal to 60 per cent of the employe's average wages, up to a maximum of fifty-two weeks, with a seven-day waiting period for sick-



UNSCENTED COSMETICS

FOR THE ALLERGIC PATIENT

AR-EX Cosmetics are the only complete line of *unscented* cosmetics regularly stocked by pharmacies. To be certain that your perfume sensitive patients do not get scented cosmetics, prescribe *AR-EX Unscented Cosmetics*. SEND FOR FREE FORMULARY.

AR-EX

AR-EX COSMETICS, INC., 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

in the treatment of

Vaginitis



prescribe

Tyree's Antiseptic Powder

Tyree's is the preparation of choice in the treatment of leucorrhea, cervicitis, vaginitis, trichomonas vaginalis and other vaginal disorders; for routine hygiene, and as follow-up after office treatment. It is a powerful yet safe inhibitory antiseptic, highly efficient in removing infection and thick tenacious mucus, and can be used as an all purpose healing antiseptic solution or dusting powder, as well as douche.

J. S. TYREE, CHEMIST, INC.

Makers of Cystodyne (Tyree) used in treatment of G. U. Infections, and Tyree's Antiseptic Powder

15TH AND H STREETS, N. E., WASHINGTON 2, D. C.

XUM

WELL, DOCTOR, WE LIKE TO KNOW



JUST THOUGHT YOU'D

For example what that delicious, *special-purpose* food, Hemo, is made of. So here goes:

Hemo is fine food *before* it's fortified with vitamins and minerals . . . Made from the soluble portions of whole wheat, barley malt, and malt treated with whole milk, sugar, and cocoa . . . rich in important milk solids and proteins.

It's an appetizing food drink *supplement* to any meal, with delightful "milk-chocolate" flavor.

And when it is fortified with significant amounts of vitamins and minerals, Hemo's content of these essential food elements compares favorably with minimum adult requirements, as set by government authorities—as you can see in the chart below:

Hemo compared with minimum daily adult requirements*

	Minimum Daily Adult Requirements*	1½ ounces of Hemo and 16 fluid ounces of milk (2 glasses)	1½ ounces (2 servings) of Hemo Powder
Vitamin A	4000 U. S. P. Units	4900	4000
Vitamin B_1	333 U. S. P. Units	400	333
Vitamin B_2	2 Milligrams	3	2
Vitamin D	400 U. S. P. Units	410	400
Niacin amide	* *	10.3 mg.	10 mg.
Iron	10 Milligrams	15.7	14.7
Calcium	750 Milligrams	950	376
Phosphorus	750 Milligrams	750	288

**As set by Federal Security Administrator under authority of the Federal Food, Drug and Cosmetic Act. (Hemo does not contain Vitamin C.)*

***Minimum daily adult requirements not yet fully established.*



Borden's **Hemo**

IF IT'S BORDEN'S, IT'S GOT TO BE GOOD!

Available in all drug and grocery stores

Advertisement

From where I sit ... *by* Joe Marsh



Our Town Has Heroes, Too

Over at Thistle Ridge they're always boasting about their local heroes—ancestors in the Revolutionary War, congressmen, and an artist with pictures in the Metropolitan Museum.

Well, we've got our local heroes, too . . .

There was old Dr. Turner, who fought for years against the intolerance and bigotry that kept children from being vaccinated in our county.

There was Deacon Follensby, who fought for free pews in the churches; and Jess Hackney, who campaigned for teaching honest history in schools; Wedd Towers, who fought the encroachment of Prohibition and persuaded folks they wanted tolerance and moderation in place of a return to lawlessness.

You won't find monuments to these folks. But from where I sit, they're heroes in a cause that's pretty sacred in our town: the cause of freedom, tolerance and human dignity.

Joe Marsh

Copyright, 1948, United States Brewers Foundation

ness but none for accidents.

¶ Payment of doctor bills of $3 per visit if such service is rendered at home, $2 if at office, up to fifty visits for any one disability, but limited to three in any one week. Payments begin with the first treatment in accident cases, the fourth in sickness cases.

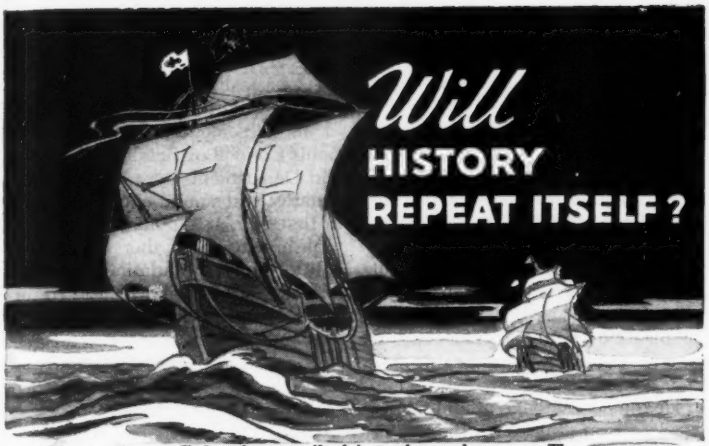
¶ Hospital expenses up to $5 a day, for a period not exceeding fifty days.

¶ Surgical benefits ranging from $5 to $175.

¶ Maternity benefits up to six weeks, at 60 per cent of the average weekly wage, with hospital expenses up to twelve days, provided the employe has been continuously insured for a minimum of nine months.

The plans written into union agreements, with a negligible number of exceptions, do not attempt to dictate the union member's choice of hospital or physician. A large proportion of the plans provide hospitalization through the Blue Cross; some include Blue Cross coverage for members' dependents. Where no arrangement with the Blue Cross exists, members are simply reimbursed for hospital expenses, to the extent provided for in the plan, either by the union or by the responsible insurance company. Many of the plans, it should be noted, provide special hospital allowances of $20 or $30 for anesthesia and other "extras." The arrangement for medical service, where it is provided in a plan, is similar to that for hospitalization. The union members covered appear to have complete liberty in their

Answers to Quiz, page 58
1c. 2a. 3a. 4b. 5c. 6d.



Three times Columbus sailed into the unknown. The discovery of San Salvador, Cuba and Haiti on the first voyage vindicated his belief in the existence of land in the Western Hemisphere. A second voyage added Jamaica to the saga of discovery . . . And then, the memorable third voyage and the discovery of America.

Will history repeat itself? Twice endocrinologists have discovered active ovarian principles—estrin and progesterone. Will a third voyage reveal the presence of other active principles in the ovary? According to leading clinicians, an extract of the ovary which contains active substances as yet unidentified by bio-assay is more effective in some cases than are some standardized preparations. OVACOIDS are predicated on this concept.

Each Ovacoid Tablet contains an extract from 0.518 Gm. (8 gr.) of fresh ovary. It is widely prescribed as adjunctive therapy in the treatment of ovarian disorders.

Dosage: 2 to 6 Tablets, three or four times daily.

Packaged: In bottles of 100, 500 and 1000.

OVACOIDS

REED & CARNRICK - Jersey City 6, N. J. - Toronto, Ont., Can.

choice of physicians in most cases. Obviously where medical service is provided through union staff physicians, this liberty of choice does not exist.

In many respects the most interesting plan, and one that may be widely copied, is that which covers some 150,000 members of the International Ladies' Garment Workers Union in New York City and several other garment centers. It has features common to most other plans—weekly cash benefits, hospitalization benefits, etc.—but it provides also for union health centers where workers are entitled to free annual medical examinations, free X-rays, electrocardiographs, and other medical services. Members in the New York dress industry receive, in addition, free optical examinations at the center every three years and treatment or glasses when examinations indicate that these are necessary.

A basically similar but more elaborate plan has been written into an agreement between the St. Louis Council of Retail, Wholesale, and Department Store Employes of America and a number of employers in that city. It provides for the establishment of a Labor Health Institute under the administration of a board of trustees composed of eighteen union representatives, six employer representatives, and three representatives of the community at large. The services to be made available to members include periodic health examinations; laboratory tests; X-rays; fluoroscopic studies; physiotherapy; periodic dental and eye diagnosis; injections; hospitalization; general practitioners' and

Peacock's
BROMIDES

Antispasmodic
Sedative
Somnifacient

for Oral Administration

This palatable combination of alkali and alkaline earth bromides provides a prompt, pleasant and rather long lasting sedation.

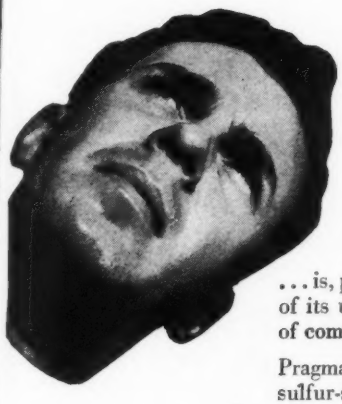
In ordinary doses Peacock's Bromides tends to depress an abnormal irritability of the nervous system, and to eliminate worry, anxiety, nervousness and excitement due to mental or physical strain, to neurasthenia and to hysteria.

Each fluid dram is standardized to contain 15 grains.

OPS COMPANY

OD PEACOCK SULTAN COMPANY
Pharmaceutical Chemists
4500 PARKVIEW ST. LOUIS 10, MO.

widespread use of Pragmatar by dermatologists



. . . is, perhaps, the most convincing evidence of its unusual effectiveness in a wide range of common skin disorders.

Pragmatar—a significant improvement in tar-sulfur-salicylic acid ointments—is particularly valuable in the management of eczema; seborrheic affections, especially of the scalp; fungous infections; psoriasis; etc.

Indications and detailed directions for the use of Pragmatar may be found in the "Manual of Dermatology" and in the "Manual of Clinical Mycology"—both recently issued under the auspices of the Division of Medical Sciences of the National Research Council. *Smith, Kline & French Laboratories, Philadelphia, Pa.*

Highly effective in an unusually wide range of common skin disorders

PRAGMATAR

(with sulfur and salicylic acid)

specialists' care in the office, home, and hospital; maternity care; surgery; and deliveries. The St. Louis plan, unlike most others, does not provide weekly cash benefits, which may explain the elaborateness of the remainder of its program.

There is good reason to believe that, in the absence of national health insurance, the union health center idea will spread widely in the next ten years. Many working class families, even when they are against the wall financially, refuse to use free community clinics. They want health care, as a CIO official put it, as "part payment for their labor and not as a grant bearing the stigma of charity." Obviously, union health centers escape this stigma.

Labor unions, as anyone who follows their policy statements will know, do not share the motives of the medical profession in developing private group insurance plans. In their view, such plans are only stop gaps to be used until the Government makes more sweeping provisions. "Labor and management are proceeding in a practical way to do what the politicians are still talking about," Julius Hochman, AFL leader, observed some time ago. "However, industry health benefit plans are by no means a substitute for the broad, Government-sponsored program which the future inevitably will bring."

Most labor leaders are more explicit about what they expect to get. "Only a comprehensive plan of social security like the Wagner-Murray-Dingell bill," one of them declared recently, "can adequately cover the worker's needs."

—DAVID GARDNER

SATISFACTORY RESULTS WITH

Estrogen Therapy

Safety

Schieffelin BENZESTROL



Schieffelin BENZESTROL Tablets:
Potencies of 0.5, 1.0, 2.0 and 5.0 mg
Bottles of 30, 100 and 1000.
Schieffelin BENZESTROL Solution:
Potency of 5.0 mg. per cc. in 10 cc.
Rubber Capped Multiple Dose Vials
Schieffelin BENZESTROL Vaginal Tablets:
Potency of 0.5 mg. Bottles of 100

Relief of menopausal and other symptoms arising from the hypo-ovarian state comes promptly and comfortably under the influence of Schieffelin BENZESTROL.

The exceptionally low incidence of untoward side effects, as well as the high degree of potency, merit the physician's confidence in Schieffelin BENZESTROL as a safe and satisfactory synthetic estrogen.

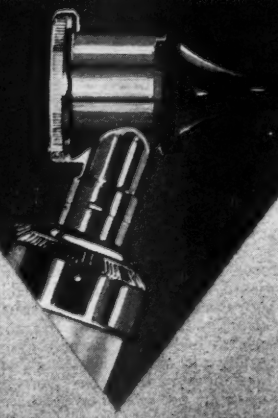
Literature and sample on request

Schieffelin & Co.
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20 COOPER SQUARE NEW YORK 3, N. Y.

ELECTRICALLY ILLUMINATED DIAGNOSTIC INSTRUMENTS

THE
IDEAL
DIAGNOSTIC and PNEUMATIC
INSTRUMENT

DIAGNOSTIC OTOSCOPE



LARGE LENS PROVIDES MAXIMUM FIELD FOR OBSERVATION

STRONGER ILLUMINATION WITH "WACO" BRIGHT LIGHT LAMPS

WELCH ALLYN

AUBURN, N. Y.



At first the infant,
Mewling and puking in the nurse's arms
As You Like It—Act II, Scene VII

Undoubtedly, a major reason for the increasing popularity of ZymenoL with physicians is its usefulness in treating constipation in any age group. Rare indeed is the bowel management therapy which can be employed with equal safety and comfortable effectiveness for both mother and child—for the mother during the period of gestation as well as postpartum, and for her child whenever the need arises.

For many years, obstetricians and pediatricians alike have recognized the gentle, yet thorough efficacy of this natural aid to regular daily defecation–without catharsis, colloidal bulkage or mineral oil leakage.

In hospitals, too, ZymenoL is being ordered routinely whenever prompt, comfortable evacuation is desired. ZymenoL, a brewers' yeast emulsion (Glidden process)*, aids in restoration of physiological bowel content through zymolysis, and tends to normalize intestinal motility with its natural vitamin B complex content. For patient-acceptable bowel management in any age group, write ZymenoL.

OTIS E. GLIDDEN & CO., INC., Evanston, Ill.



ZymenoL

**This Glidden process assures brewers' yeast zymolytic factors and natural vitamin B complex without live yeast cells.*

Equally effective in

CONSTIPATION | COLITIS | DIARRHEA

When extra IRON and CALCIUM are needed!



Suggest the "HAPPY WAY"... *BRER RABBIT* MILK SHAKES!

Here's a tempting, delicious way of providing needed iron and calcium for patients who dislike or refuse iron-containing foods — the Brer Rabbit milk shake!

Brer Rabbit Molasses,,one of the richest known sources of available iron, is combined with milk to make this tasty drink. Your patients receive iron they need and also benefit by calcium and other healthful properties in milk.

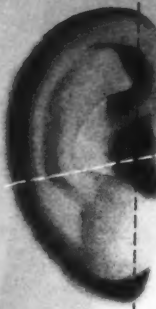
Three tablespoons Brer Rabbit Molasses added daily to the diet supply about 3 mg. of available iron. The amount of molasses may be varied. Penick & Ford, Ltd., Inc., New Orleans, La.



HOW TO MIX:

Add 1 tablespoon of Brer Rabbit New Orleans Molasses to a glass of cold or warm milk to make a Brer Rabbit milk shake. It's delicious, nutritious. Three milk shakes a day are suggested.

for topical treatment of otologic infections



White's

OTOMIDE

A STABLE SULFANILAMIDE-UREA SOLUTION

- **Effective in BOTH acute AND chronic otologic infections.**[1]
- **Potentiated antibacterial potency—because of combined effects of urea with sulfanilamide.**[2]
- **Non-irritating—free from unphysiologic alkalinity.**
- **Effectively analgesic—without impaired sulfonamide activity.**



White's Otomide is a stable, non-irritating solution. Composed of 5% Sulfanilamide, 10% Urea (Carbamide) and 3% anhydrous Chlorobutanol in a specially processed glycerin vehicle of unusually high hygroscopic activity.

Ethically Promoted . . not advertised to the laity

WHITE LABORATORIES, INC.

Pharmaceutical Manufacturers . . . Newark 7, N. J.

1. Strakosch, E. A and Clark, W. G : Minn. Med., *26*:276-282 (March) 1943.
2. Tsuchiya, H. M., et al: Proc. Soc. Exper Biol and Med., *50*:262-266 (June) 1942.

Your Jewish Patients

Some practical suggestions for the Gentile M.D.

Mosaic Laws—which are the basis of Jewish conduct—are not only laws of morality but also rules of hygiene, diet, and sanitation. Your orthodox Jewish patients, who take them seriously, may as a result differ considerably from patients of other faiths.

For this reason, you should know enough about the chief Jewish religious-hygiene restrictions to be able to treat Jewish patients most effectively.

You, of course, understand the circumcision rite; its hygienic value is no longer doubted. You will find that this is one thing upon which many Jewish patients will insist. But what about your active role in it?

It may be that only a duly ordained "mohel" will be permitted to perform a circumcision. Most hospitals have these "mohels" connected with them in a semiofficial capacity. They have taken special courses and are licensed by the state. But if you feel that it is for the best, or if you are afraid of a possible hemorrhage, or if the new born baby is very weak, it may be arranged that you be present at the circumcision to see that all precautions are taken.

The problem of amputation is a serious one for the Jew. Jewish law on this point declares that the amputated part must be buried. The belief is that eventually the body will also be buried and that when the resurrection comes, "Tchiyas Ha'meisim"—the whole body—will be in the earth and will be able to march with Messiah.

Autopsies present a problem to the doctor who has treated a Jewish patient. The Jewish attitude is often against it. They believe an autopsy represents a desecration of the body. There is also the fear that some amputated parts become lost; the dead man will need his whole body when Messiah comes.

The last words of the Jew before he dies should be "Shmah Isroel," etc. (God is One and He rules the Universe!) If he himself is too weak to say these words, or if he is in a coma, any other Jew may say them for him.

Perhaps the greatest concern of the doctor is with Jewish dietary laws. Jews may eat cloven-footed, two-clawed, and cud-chewing animals. These include cow, ox, sheep, goat, fawn, lamb, and roe. They may also eat herbivorous birds. Among them are the dove, quail, pigeon, and fowl. Birds that live on prey may not be eaten.

Animals—both quadrupeds and bipeds—must be inspected while alive by a specially trained official—the "shochet"—and again examined by him after killing. The duty of the shochet is to see that no diseased animal is slaughtered for use as food.

Among other precautions, the shochet is required to run his hand between the lining of the thorax and the covering of the lung to see if there are any rough spots on these membranes. It was discovered in the nineteenth century that the tubercle bacillus is responsible for these rough places and that the bovine type of tuberculosis is trans-

[*Continued on page* 112]

XUM



ERYTHROL TETRANITRATE MERCK in Angina Pectoris

It is generally agreed that the acute attack of anginal pain is most readily relieved by the prompt removal of the provocative factor, and by the use of nitrites. For this purpose, the rapidly acting nitrous and nitric acid esters, amyl nitrite and nitroglycerin, are considered most useful.

For prophylactic purposes—to control anticipated paroxysms—the *delayed but prolonged action* of erythrol tetranitrate is more effective. Erythrol tetranitrate, because of its slower *and more prolonged action*, is also considered preferable for the purpose of preventing nocturnal attacks.

The vasodilatation produced by Erythrol Tetranitrate Merck begins 15 to 20 minutes after administration, and lasts from 3 to 4 hours.

The properly timed administration of a vasodilator having a sustained effect may prevent the following episodes of angina pectoris:

- **The man who finds it necessary to stop and rest when he walks to the train in the morning.**
- **The man who suffers "indigestion" and "gas" on exertion, or after a heavy meal.**
- **The man who has pain in his chest and arms, and weakness upon any anxiety, anger, or nervous strain.**



MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

FROM A CLINICAL POINT OF VIEW - - - -



Phillips' Milk of Magnesia

can be prescribed in cases where mild laxative **and** gastric antacid action are indicated as in

CONSTIPATION **COLDS**
PEPTIC ULCER **HYPERACIDITY**

As a laxative — gentle and smooth-acting without embarrassing urgency.

As an antacid — Contains no carbonates, hence no discomforting bloating. Affords effective relief.



DOSAGE: **Laxative:** 2 to 4 tablespoonfuls
Antacid: 1 to 4 teaspoonfuls, or 1 to 4 tablets
Caution: Use only as directed.

PACKAGING
Liquid
4-oz. bottle
12-oz. bottle
1-pt. 10-oz. bottle
Tablets
box of 30's
bottle of 75's
bottle of 200's

Phillips' Milk of Magnesia

prepared only by

THE CHAS. H. PHILLIPS CO. DIVISION
of Sterling Drug Inc.

170 VARICK STREET •• NEW YORK 13, N. Y.

S·I·M·I·L·A·C

Similar to human milk



★The name is never abbreviated; and the product is not like any other infant food — notwithstanding a confusing similarity of names.

The fat of Similac has a physical and chemical composition that permits a fat retention comparable to that of breast milk fat (Holt, Tidwell & Kirk, Acta Pediatrica, Vol. XVI, 1933) . . . In Similac the proteins are rendered soluble to a point approximating the soluble proteins in human milk . . . Similac, like breast milk, has a consistently ZERO curd tension . . . The salt balance of Similac is strikingly like that of human milk (C. W. Martin, M. D., New York State Journal of Medicine, Sept. 1, 1932). *No other substitute resembles breast milk in all of these respects.*

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, cor oil and fish liver oil concentrate.

SIMIL'AC } SIMILAR TO HUMAN MILK

M&R DIETETIC LABORATORIES, INC. • COLUMBUS 16, OHIO

mitted through the milk and meat of infected cattle.

Scientific reasoning seems to underlie other restrictions: No rabbits may be taken as food by Jews. It is likely that in olden times, as now, wild rabbits were infected with tularemia. This disease has been contracted chiefly by those who prepare rabbit skins for the fur trade.

Fish acceptable to orthodox Jews must have fins and scales and must be non-carnivorous. Shellfish are on the prohibited list; the difficulty of keeping shellfish fresh-and the danger of infection is responsible for this restriction.

Moses prohibited the use of pork as food because it may contain any one of three animal parasites which are dangerous to health.

Strict cleanliness characterizes the preparation of even permissible food. The meat must always be "koshered." It is first soaked in cold water for one half hour, then salted for one hour, then thoroughly rinsed. All intestines are thoroughly cleaned. If any bruises or unnatural growths of any kind are present the meat cannot be used.

A strict rule among the Jews is not to mix meat and dairy dishes; each orthodox home has two separate sets of dishes.

While there are many hygienic rules which Jewish patients must follow, one interesting fact remains: These rules can usually be waived upon the recommendation of the physician.

The holiest of all fasts is that on Yom-Kippur, the Day of Atonement. But if the Jewish patient is likely to suffer as a result of abstaining from food on that day, he is allowed to break the fast.

Orthodox Jews will not travel on the Sabbath. But if they must get to your office in the interests of their health, they can do so with no fear of breaking the Jewish law.

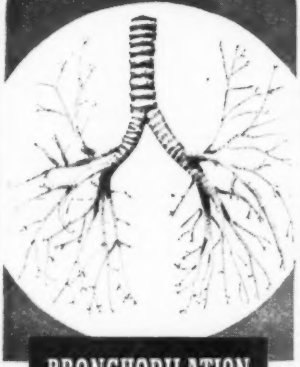
Medicine, even if it is not "kosher," can be given the Jewish

Toilet Article

Called to a rooming house to treat a case of "lumbago," I found a fat girl pacing the room, an enormous plaster on her back. Her peculiar gait—plus a complaint that she "felt like going to the toilet all the time"—aroused my suspicions. An examination confirmed them, for the baby's head was at the perineal floor. The girl seemed genuinely horrified at the news. How could she face the boarders who were scheduled to return from work any moment? Hurriedly, I put in a call for an ambulance, and then completed the delivery. At that, I was none too soon. As we descended the stairs (the baby wrapped in towels and concealed under my coat) we met some of the homecoming boarders. I muttered something about "acute appendicitis" and hurried the girl out.

There was a quiet wedding at the hospital next day.

—J. A. ALLEN, M.D.



BRONCHODILATION
in Cough Management

In bronchial congestion, Nethacol aids the physiological function of cough. It relieves congestion by dilating the bronchioles . . . helps liquefy and remove congestive secretions.

NETHACOL
Brand of Expectorant and Bronchodilator

Palatable, sugar-free, non-narcotic; each fluidounce contains:

Nethamine (brand of methylethylamino-phenylpropanol) Hydrochloride	1 gr.
Chloroform	1 gr.
F. E. Ipecac	1 min.
Ammonium Chloride	10 grs.
Menthol	½ gr.

DOSAGE: 1 or 2 teaspoonfuls in or with a half-glass of water.

Supplied in pints and gallons

T. M "Nethacol" and "Nethamine" Reg. U. S. Pat. Off.

MERRELL
117th Year

THE WM. S. MERRELL COMPANY CINCINNATI, U. S. A.

patient, if his health depends on it. So, an extract made from pigs' organs may be used in the treatment of anemia.—IRWIN L. LUBOWE, M.D.

Report That Accident!

Claims are thrown out when you don't

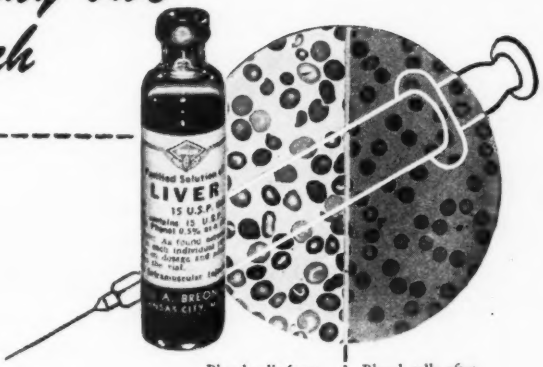
"When an accident occurs, *written notice* shall be given by or on behalf of the insured to the [insurance] company, or one of its authorized agents, as soon as practicable."

This simple little clause, which appears in every accident policy, has caused the claims of countless policyholders to be voided. Court records are full of cases in which claims were denied because the clause had been ignored or overlooked.

A case involving the Waterbury Company, which had a policy covering all accidents arising from the operation of its trucks, was typical. On Dec. 16, 1942, in carrying merchandise from a truck to a customer's establishment, one of its delivery men collided with a woman pedestrian. She sustained injury severe enough to require hospitalization. The company failed to notify the insurance carrier of the accident. Three months later, the woman's lawyer requested damages. Still the company did not notify the carrier. Only when the lawyer finally brought suit did Waterbury ask the carrier to settle. In the subsequent legal struggle between Waterbury and the carrier, the latter won. Said the Court: "The policyholder clearly failed to comply with the explicit requirement of the contract."

—ELTON J. BUCKLEY, LL.B.

So Many owe so much to----------



Blood cells from pernicious anemia patient in state of relapse

Blood cells after adequate therapy

Liver feeding has already given 19 years of life to many pernicious anemia patients who in 1926 were facing certain death.

Because of the insight and labor of such men as Minot, Murphy, Castle, and Cohn, there is material to replace the deficient hematopoietic principle; thus, this condition can now be treated successfully.

Purified solution of Liver-Breon, a uniform, dependable solution, standardized on man, is released for general use only when the hematopoiesis of pernicious anemia patients in relapse has responded to its injection under conditions specified by the Anti-Anemia Preparations Advisory Board of the U. S. P. The efficiency and economy of Purified Solution of Liver-Breon is suggested in the fact that when injected, material derived from but 1/30 as much liver need be given as when administered by mouth.

Supplied:

15 U. S. P. (Injectable) Units per cc in 10 cc vials.

10 U. S. P. (Injectable) Units per cc in 10 cc vials and 30 cc vials.

5 U. S. P. (Injectable) Units per cc in 10 cc vials.

BREON

PURIFIED SOLUTION OF LIVER • Breon

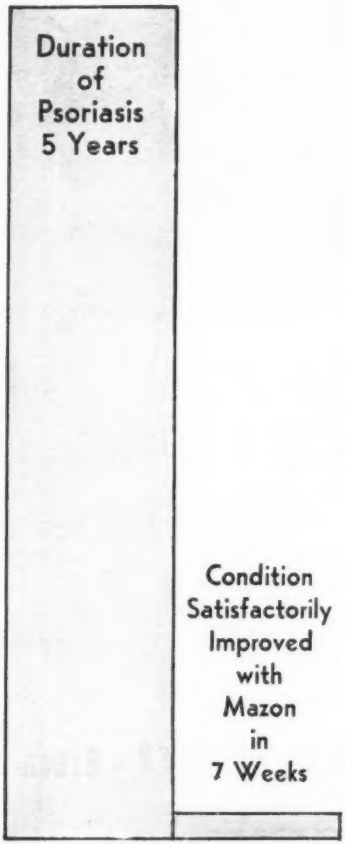
MADE FOR MEN OF SKILL BY SKILLED MEN

George A. Breon & Company

Pharmaceutical Chemists

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MAZON often brings speedy results in long-standing SKIN CONDITIONS



The chart at the left tells the simple but dramatic story of a case among Mazon's clinical records. It is typical of the rapid improvement Mazon often obtains in resistant skin disorders of long duration.

Simplicity of the Mazon treatment; its quickly effective action and wide range of usefulness, make Mazon a preferred treatment in the field of dermal therapy.

MAZON

Indications include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic diseases. Mazon is anti-pruritic, anti-septic, anti-parasitic. It is easy to apply and requires no bandaging.

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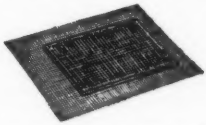
Every Patterson Screen is uniform, fine grained, with high resolution . . . for radiographs of high diagnostic qualities.

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DU PONT

SULFA SOLVEX

A NEW FORMULA DEVELOPED FOR THE TREATMENT OF ATHLETE'S FOOT

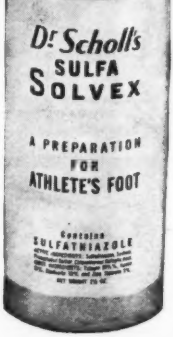


A POWDER PREPARATION OF DISTINCT THERAPEUTIC ACTION

There has long been a definite need for a compound providing adequate defense against *superimposed* infections which frequently occur in Epidermophytosis—as well as combatting the primary cause of the infection itself.

This need is now met in SULFA SOLVEX. Exhaustive laboratory and clinical tests have demonstrated the efficacy of SULFA SOLVEX so conclusively, as to warrant physicians' giving it preference when prescribing for Athlete's Foot.

The marked success of this new therapy in aborting fungus infections and averting complications, is due to its prolonged bacteriostatic and fungicidal action. The Sulfathiazole and other ingredients in SULFA SOLVEX, when dusted on the affected area, penetrate the exposed epidermis and provide a protective coating against reinfection.



SULFA SOLVEX quickly relieves intense itching; destroys fungi on contact. Dusting it on the feet, between the toes and into the shoes and stockings aids in preventing the infection. 50¢ at all drug stores. By prescription only in states requiring it.

A brief Etiology of Epidermophytosis and Secondary Infections, written for the medical profession, will gladly be sent on request.

Pharmaceutical Division

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Are You Sure You're Complying with the Harrison Narcotic Act?

The courts won't take your good intentions for granted



You are allowed by the Harrison Narcotic Act to prescribe, dispense, and administer narcotics. But the law imposes two conditions: The patient must actually be under treatment by you; and you must make narcotics available only when they are necessary for treatment, and not merely to gratify an addict's craving. Failure to observe either of these conditions may deprive you of your rights under the act. It may also mean a fine and imprisonment.

The specific cases in which you may prescribe narcotics are fairly well-defined. You may prescribe them for an addict when they are necessary to relieve any mental or physical condition caused by his addiction, for an aged and infirm addict whose collapse would follow withdrawal of a drug, and for a bona fide patient suffering from an incurable disease. In the last case, you must state on the prescription that it is for an incurable disease, or write, "Exception, (1) article 85."

The act does not specify the amount of any narcotic that may be prescribed, but the issuance of an unusual or unreasonable amount is an offense, unless the prescription clearly indicates the necessity for the extraordinary amount. Generally, the amount must not be large enough to enable the addict to sell any part of it, and must be in accordance with medical standards.

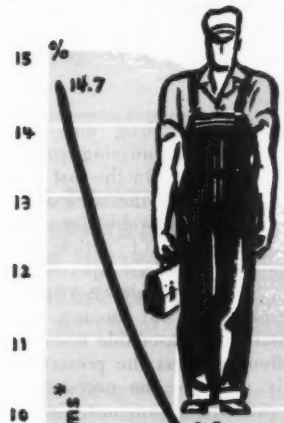
The Harrison Narcotic Act does not specify the diseases for which narcotics may be prescribed, but cancer, advanced tuberculosis, and other recognized incurable diseases are in this category. A physician who issues prescriptions in good faith to a person he believes to be suffering from an incurable disease is not guilty of an offense. He is not held accountable in such a case, or in any other, if an error of judgment produces results less favorable than those expected. But, in ascertaining whether he has acted in good faith, the courts will seek expert medical testimony on recognized medical

[*Continued on page* 122]

▶ Emanuel Hayt, the author, is a member of the New York Bar and of the Society for Medical Jurisprudence. He is also an associate member of the American Hospital Association. While specializing for the last fifteen years in medical and hospital law, he has written several books and contributed articles to medical and hospital journals.

INDUSTRIAL STUDY SHOWS

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***FOURTEEN SYMPTOMS DROP 72 PER CENT**

Constipation
Fatigue
Anorexia
Loss of sleep
Cold susceptibility
Indigestion or gas
Palpitation
Eye strain
Skin eruptions
Lack of mental alertness
Nervousness
Vague aches and neuralgic pains
Muscle cramps, especially in calves
Paresthesia

****This represents a 72% DECLINE in symptoms (certainly a marked improvement). 79% of the people reported HEXA-HARRIS Tablets effective.**

SYMPTOMS LEADING TO INEFFICIENCY

Seventy-nine per cent of workers in an eastern industrial plant reported HEXA-HARRIS Tablets effective in relieving 14 important symptoms* which interfere with efficiency and personal well-being.

During a six-month test period two HEXA-HARRIS Tablets were taken by each worker daily. A steady decline (72 per cent) in irritating symptoms was reported while a smaller (but inconsistent) drop was observed in the control and placebo groups.

Two HEXA-HARRIS Tablets supply more than the minimum daily requirements for thiamine and riboflavin...plus all other known and unidentified factors of the important B-complex group as they exist in *natural source material.*

Critical study of deficiency diseases indicates that *natural source material* such as yeast is preferable in treatment of B-complex deficiencies. HEXA-HARRIS Tablets are prepared from dried, specially cultured yeast (brewers' strain) and extract of corn processed with Clostridium acetobutylicum. Each tablet is triple-coated for potency protection and pleasant taste.

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In Chronic Diseases

WHEN PAIN MUST BE CONTROLLED

The occasion is often encountered when prolonged, dependable pain relief must be provided. Such patients, usually afflicted with a chronic illness which upsets the emotional balance, quickly learn to dread the hypodermic needle, regardless of the degree of relief it brings. In these instances, Papine offers unusual advantages. It provides, on oral administration, all the pain relieving properties of morphine. Containing morphine hydrochloride and chloral hydrate in a palatable vehicle, Papine produces 4 to 6 hours of pain relief from a single dose. In advanced carcinomatosis it affords the desired degree of comfort without the psychic trauma of injection. Papine is also effective when the severe pain of biliary colic and renal colic must be controlled. Two teaspoonfuls of Papine provide the anodyne action of ¼ grain of morphine. . . . Papine is available through all pharmacies on request.

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PAPINE
(BATTLE)

standards of treatment.

In one case, which illustrates this point, a jury convicted a doctor for prescribing fifteen grains of morphine. The doctor testified that he knew the patient to be a morphine addict, but that the patient also had chronic pulmonary tuberculosis and was subject to frequent lung hemorrhages. He said that, in addition, the patient suffered from endocarditis. This would have constituted complete justification but for the fact that physicians connected with a hospital in which the addict had been a patient testified that he had no such ailments. The jury held that the doctor had not acted in good faith and had not prescribed in the course of his professional practice to a bona fide patient.

No person may "sell, barter, exchange, or give away" narcotic drugs to any other person, except on a form issued by the Commissioner of Internal Revenue. Physicians, dentists, and veterinary surgeons registered under the narcotic act are excepted only when they prescribe drugs in writing or administer them directly to patients in the course of their professional practice.

A retail dealer in narcotic drugs may sell to a consumer on the prescription of a physician. But a physician's prescription, unless issued in good faith, will protect neither the physician nor the druggist who knowingly accepts and fills it. The physician and the wholesaler are similarly liable when an order form is issued for an unlawful purpose.

In one pertinent case, a doctor indicted for unlawfully issuing narcotic prescriptions claimed that the word "selling" in the statute signified parting with one's own proper-

P-R-O-L-O-N-G-E-D PENICILLIN EFFECTS



The intramuscular injection of a water-in-oil emulsion of penicillin results in prolongation of penicillin effects as compared with similar amounts of penicillin in aqueous solution administered by the same route[1]. A single injection of 150,000 units of penicillin in water-in-oil emulsion cured 101 of 105 cases of acute gonococcal infection[2]. These results indicate that water-in-oil emulsions may prolong penicillin effects in other diseases in which penicillin is indicated, such as pneumococcic, staphylococcic, and streptococcic infections. • Pendil consists of a sterile mixture of cholesterol derivatives and highly refined peanut oil, which when mixed with an aqueous solution of penicillin, provides a free-flowing water-in-oil emulsion for intramuscular injection. Pendil is supplied in 3 cc. ampules in boxes of 12, 25, and 100 ampules. Literature will be sent on request.

PENDIL

(PENICILLIN EMULSIFIER)

ENDO

ADVANTAGES OF PENDIL

Extended absorption of penicillin
Fewer injections per day required
Emulsions prepared simply and rapidly
No clogging of syringe
Syringe readily cleaned

1. Freund, J., and Thomsen, K. J., Science, 101:468, 1945.
2. Cohn, A., Kornblith, B., Grunstein, I., Thomsen, K. J. and Freund, J., (a) Proc. Soc. Exper. Biol. & Med. 59:145, 1945; (b) Venereal Diseases Information (U.S. Public Health Service) 1946, in press.

ENDO PRODUCTS INC. - RICHMOND HILL 18, N. Y.

XUM

ty; that *issuing* a prescription was not *selling*. He was overruled by the court, which held that he had engaged in an illegal sale when he issued the prescription.

The fact that another person makes the actual sale alters nothing. Nor does the physician's guilt depend upon collusion between him and the druggist. The doctor is guilty even if the addict purchases the drug from an innocent druggist.

Though the law specifically defines many acts as unlawful, others not specifically mentioned may get the physician into difficulties. These are mainly acts of negligence, and call for a number of obvious, but often overlooked, cautions. For example, the physician should not leave prescription pads where addicts may steal them and forge prescriptions. Prescriptions should not be written so that several x's or zeroes can be added to raise the amount; brackets or spelling should be used. A large stock of narcotics in a physician's bag may tempt addicts on the lookout for them; narcotics should not be left in any place accessible to patients.

A narcotic prescription should not be given to a patient before he has been examined thoroughly. It is worth noting that addicts have been known to simulate the symptoms of diseases and to pose as nurses to get doctors to prescribe narcotics for mythical patients.

Large quantities of narcotics should not be prescribed unless it is unavoidable. No narcotics should be prescribed on the basis of a claim that another doctor has been doing it; the other doctor or hospital records should be consulted whenever possible. Ambulatory cases of addiction should never be treated unless the doctor is certain that they are under proper control; such patients may be going to several doctors. A record must be kept of all narcotics dispensed, even though it is unnecessary to keep such records when the drugs are administered at the office or bedside.

Office narcotic needs should not be purchased in the name of a patient or an alleged patient. The law requires the doctor to use an official order form. When the pharmacist calls for information about a prescription the doctor should not resent the inquiry. The pharmacist is held responsible for filling forgeries, and carelessness on the part of the doctor may cause him as much difficulty as would a deliberate violation of the law.

—EMANUEL HAYT, LL.B.



SAFETY FOR YOUR BABIES

Babies deserve the full protection—mothers appreciate all the convenience of these four Trimble helps:
KIDDIE-KOOP, the safety-screened crib
TIP-TOP KIDDIE-BATH, to make baby bathing easy
KIDDIE-YARD, for protected, off-the-floor play
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New booklet *"Making the World Safe for Baby"* by Beulah France, R.N., gives much helpful information. Write: Trimble, 30 Wren St., Rochester 13, N. Y.



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ESKADIAZINE

makes oral sulfadiazine therapy easier



ESKADIAZINE—the ideal oral sulfadiazine—has these three advantages:—

1 **Fluid Form.** This new fluid sulfadiazine is the ideal oral dosage form, especially for infants and children, and also for the many adults who object to tablet medication.

2 **Exceptional Palatability.** Eskadiazine is so surprisingly palatable and pleasant in consistency that it is accepted willingly by all types of patients. Children actually like to take it.

3 **More Rapid Absorption.** The findings of a recent clinical study by Flippin and associates (Am. J. M. Sc., Aug. 1945) indicate that with Eskadiazine desired serum levels may be far more rapidly attained than with sulfadiazine administered in tablet form.

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S.K.F.'s new, outstandingly palatable fluid sulfadiazine for oral use



Patients, or doctors, badgered all night
by the caffein in coffee . . .

can drink delicious, caffein-free
Sanka Coffee and sleep!



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SANKA COFFEE



All coffee . . . real coffee . . . wonderful coffee
97% caffein-free.

A Product of General Foods

Farmers Seen Willing to Pay Bill for Better Medical Care

Prefer flexible, voluntary plans to rigid Washington control



Farm people are not as backward as some may think. They have learned something down through the years on this health problem.

Long ago they recognized that tuberculosis in their herds was an economic scourge. When veterinary and medical groups showed them the relationship between tuberculosis in livestock and in humans, they were roused to action. By cooperative effort they reduced it to a minimum.

Farmers also learned that there was a connection between contagious abortion in their dairy cows—and undulant fever in humans. This resulted in another aggressive campaign. Again, cooperative effort has brought results.

Experience with prepaid hospital care plans has likewise shown farm people the value of organized effort in combating human ailments. The Associated Women of the American Farm Bureau Federation, which represents over a million farm homes in America, has been giving a lot of study to rural medical care. At a recent convention in Chicago, delegates of that organization adopted this statement of policy:

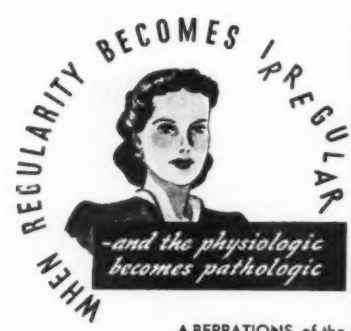
"One of rural America's most urgent problems is to provide a program to bring about better facilities in rural areas for hospitals, medical care, and improved health. The solution must provide for comprehensive health education, for well-trained doctors, dentists, nurses, technicians, and laboratory scientists, and for the establishment of public health centers, hospitals, and clinics accessible to all sections of rural America.

"The care of our former service men and women, the mentally sick, and the indigent, and the control of communicable disease are a public obligation and should be supported from public taxation. In some communities, after careful surveys, it may be found advisable to use Federal grants-in-aid to assist groups to erect and equip hospitals. These must be controlled by

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▶ This is a condensation of an address by J. S. Jones at the National Conference on Medical Service held recently in Chicago. Mr. Jones is secretary of the Minnesota Farm Bureau, a member of the medical care committee of the American Farm Bureau Federation, and chairman of the National Committee for Rural Health.

XUM



ABERRATIONS of the menses are among the most common complaints for which female patients seek professional advice.

Ergoapiol has long been recognized as a highly efficient emmenagogue. Its unique inclusion of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) assures a balanced action—synergized by the presence of apiol (M. H. S. Special), oil of savin, and aloin. By helping to induce pelvic hyperemia, and stimulating smooth, rhythmic uterine contractions, Ergoapiol often provides welcome relief in many cases of functional disturbance.

It also constitutes a desirable hemostatic agent to aid in the control of excessive bleeding. And, as an oxytocic, it is frequently of benefit in facilitating involution of the postpartum uterus.

For a full discussion, send for copy of the booklet "The Symptomatic Treatment of Menstrual Irregularities."

INDICATIONS

Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, in obstetrics.

Dosage: 1 to 2 capsules, 3 to 4 times daily.

Supplied: In ethical packages of 20 capsules.

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Ethical protective only when capsule is mark M.H.S. visible cut in half at seam.

ERGOAPIOL

THE PREFERRED UTERINE TONIC

the local people themselves."

Last spring, these women made a health survey in my own state. The findings were a revelation. One county, with a population of about 26,000, didn't have a hospital. There were six doctors, five trained nurses, and fifteen so-called practical nurses. Another county, with approximately the same population, had a fifty-bed hospital, fifteen doctors, eleven trained nurses, and five practical nurses.

Our farm women, in the words of their Chicago resolution, favor the "extension of voluntary group prepayment services in some type of an insurance plan that provides greater flexibility and would be more likely to succeed over a wide area than rigid uniform plans on a compulsory basis." They believe that "a plan which will provide for prevention as well as curative measures and the right of the free choice of doctors should be zealously guarded."

The medical care committee of the American Farm Bureau Federation has undertaken a great deal of research and has met with representatives of the American Medical Association, the American Hospital Association, and the Government. As a result it has arrived at these conclusions:

That the American Medical Association should endeavor to have state medical associations cultivate better working relationships with state farm bureaus.

That all national, state, or community committees dealing with health activities should include qualified farm representatives.

That the American Farm Bureau Federation stands ready to work with the medical profession in com-

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Now this time-proved therapeutic agent is available in a vastly improved form . . . a cream that is not only *more effective*, but *more acceptable* to the patient.

COLLO-SUL CREAM *is*

- Invisible on the skin. Patients will use it during the day as well as at night, thus permitting continuous treatment.
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CROOKES *Laboratories*

bating socialized medicine.

That it will investigate the need for hospital and medical services in specific rural areas.

That scholarships or loan funds for worthy rural youths are necessary to make it possible for them to study medicine, with or without agreement to return to the country for practice.

Too few boys from rural areas are taking medical work. The majority of students taking medical courses come from cities of between 25,000 and 100,000. Naturally, boys return after graduation to the kind of environment they have come from. I manage a junior livestock show in which a thousand boys take part every year. Boy after boy has come to me and said, "I would like to be a doctor, but I just can't afford it."

We urge the development of prepayment medical and hospital care on a sound actuarial basis without subsidy. You will notice that word "subsidy." Farmers know plenty about subsidy. They had it fastened on them once, and they have been trying to get rid of it ever since.

In summary, I should like to emphasize three needs. The first arises from the shortage of doctors in rural areas. I think of a doctor in Minnesota who appeared before our board recently. He said, "I am a farm boy who went away to the university and took a medical college course, and because I was a farm boy I went back to my farm community to work. I would not trade my position with any doctor in a metropolitan center. When I want to go out and shoot a few ducks, I can. When I want to go out and do a little fishing, I can. I enjoy my flowers, my fruit, and my garden." We must develop that philosophy more and more among those who are going to become doctors, showing them that there are some advantages to a rural practice.

The second need is for hospital and medical facilities in rural areas to attract well trained physicians. That is too obvious to require elaboration.

The third need is for prepaid medical care plans as a means of averaging the cost and placing medical care on an annual service and cost basis. Farm people long ago learned that if they once had a bad fire it might put them out of business. This led them to organize the township mutual insurance companies. That is the philosophy of these prepaid medical plans. I don't know of any farmers who can't pay that cost. In North Dakota last year, the average farm income was better than $6,800, and in my state close to $6,000.

I maintain that farmers can, and are willing to, pay for a cooperative medical plan. Most of them would have great satisfaction in knowing that they were a part of it, that its administration was close to home, and that they would not have to go to Washington about it. —J. S. JONES

Genoscopolamine
. . . Cerebral Sedative
LOBICA, Inc., 1841 Broadway, N. Y. 23

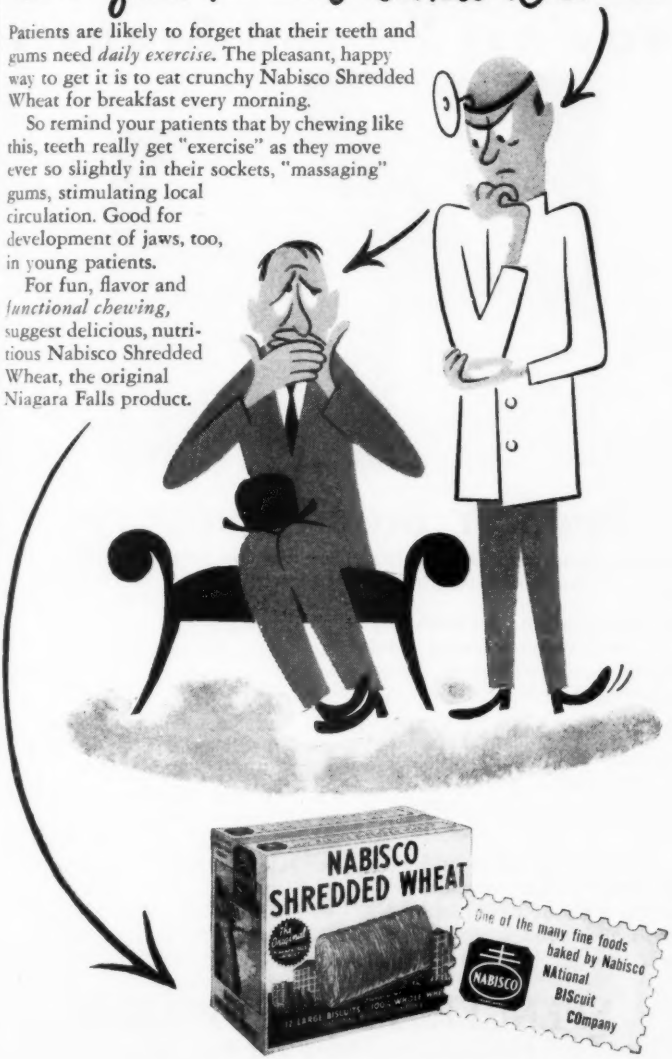
"GENO" is preferred in Parkinsonism, delirium tremens and as an amnesic in labor because it is relatively free from scopolamine's toxicity and remains effective on repeated use.
Literature and dosages on request

Do your patients eschew to chew?

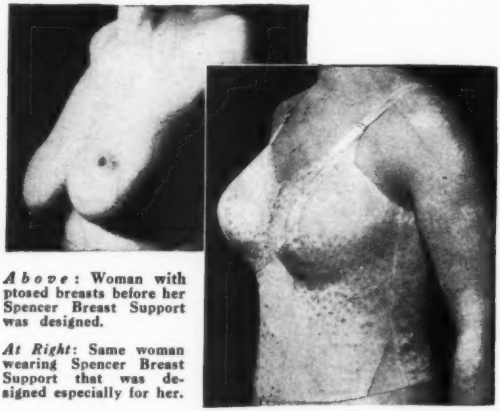
Patients are likely to forget that their teeth and gums need *daily exercise.* The pleasant, happy way to get it is to eat crunchy Nabisco Shredded Wheat for breakfast every morning.

So remind your patients that by chewing like this, teeth really get "exercise" as they move ever so slightly in their sockets, "massaging" gums, stimulating local circulation. Good for development of jaws, too, in young patients.

For fun, flavor and *functional chewing,* suggest delicious, nutritious Nabisco Shredded Wheat, the original Niagara Falls product.



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Above: Woman with ptosed breasts before her Spencer Breast Support was designed.

At Right: Same woman wearing Spencer Breast Support that was designed especially for her.

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Improve circulation by holding breasts in natural position.

Aid Antepartum patients by protecting inner tissues and helping prevent skin from stretching and breaking.

Help Nursing Mothers by guarding against caking and abscessing. (May be designed to open in front for nursing convenience.)

Provide comfort — aid breathing, as they support breasts without strain and encourage square shoulders.

Each Spencer Breast Support is individually designed, cut and made to meet the needs of the one patient who is to wear it.

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For Abdomen, Back and Breasts

Pioneer Medical Prepay Plans Point Way for Newcomers

Northwest plans, in three decades, have ironed out most wrinkles



Those who believe that medical-society-sponsored health insurance is entirely a reaction to the drive for compulsory Government insurance ought to look at the Northwest. Its society-managed prepayment plans, which rank among the most successful of those now in operation, antedate, by many years, the New Deal and the compulsory insurance-for-everything-for-everyone vogue. The pioneer project was launched in 1917 at Tacoma, Washington, by the Pierce County Medical Society. Benton County, Oregon, has had voluntary health insurance under doctors' auspices since 1926.

The popularity of prepaid medical care in the Northwest may be judged by the fact that the proportion of eligible population now covered by medical society plans in Washington and Oregon is close to 50 per cent. Less than 2 per cent are reached by similar plans in some of the eastern states.

The basic principles of the Northwest plans are free choice of physician, inclusion of all interested, ethical M.D.'s—not merely a select few—and exclusion of any profit-making intermediary between doctor and patient. The plans are sponsored and managed by doctors.

Oregon has a state plan covering all counties but three; in the latter there are independent, affiliated plans. In Washington, county societies usually set up and control their own plans, with the Washington State Medical Bureau acting as coordinating agency. It helps to organize plans in counties not yet covered and furnish local societies with actuarial experience, administrative help, and financial assistance. Administrative costs are kept down to 8 per cent or less. All plans are under the legally watertight supervision of state banking or insurance departments.

Washington plans are vigorously promoted. While professional journalists are employed to write publicity, basic promotional policies are in the hands of the county medical societies. Promotional campaigns are waged through newspaper advertisements, talks to workers' groups, and leaflets. Emphasis is placed on the nonprofit nature of the service. A popular question and answer technique is often used in explaining details. In each county's own publicity, the name of every participating M.D. and hospital is plainly listed. Also listed are excluded services. The theme, "You pick your own doctor but you never have to discuss financial details with

him," is spot-lighted.

In some areas, the Blue Cross is the promotion agency. It offers hospital insurance along with prepaid health care. In Klamath County, Ore., King County, Wash., and several other areas, the county medical organizations have built or bought their own hospitals and follow the same policy.

Risk is spread by confining the insurance to groups. Actuarial experience is carefully accumulated, recorded, and interpreted so that premiums and benefits can be determined realistically.

In Oregon, the average premium is $2.50 a month. It covers both medical care and hospitalization. Many counties charge only $2 a month. The minimum group is usually ten, and there are no income ceilings for subscribers.

The Oregon program is not extended to any county until the physicians of that county approve. Some counties prefer to limit participation to physicians in their own areas. The contracts are so drawn where this is desired. Otherwise, participation by the doctors is on a state basis. Each county medical society has a high degree of autonomy, and in a few counties, where the physicians prefer it that way, the plan is practically independent. About 95 per cent of the members of the Oregon Medical Society are "on the staff" of the Oregon Physicians' Service; in many counties, 100 per cent of the members of the local medical society are participants.

Washington plans show greater variation. The group minimums vary from five, in Spokane County,

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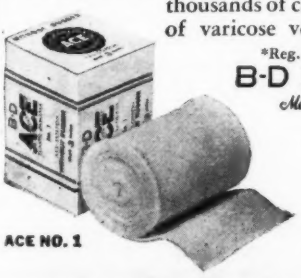
Ace Elastic Bandages have proven their therapeutic value in this field — as they have done in hundreds of thousands of cases of varicose veins and ulcers, sprains and injuries.

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FOR
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Mollo-pedic Shoes are designed specifically to protect and support the injured, ailing or cast-bound foot; to replace hard, unyielding shoes and give the patient confidence and non-slipping, cushioned comfort in his efforts to walk.

Mollo-pedic Shoes are also exceptionally helpful in general recuperative cases, when the patient is relearning to walk and hesitant of gait.

Soles of Mollo-pedic Shoes are of thick, resilient, sponge rubber. Uppers are fashioned of soft, strong, pliant, genuine Osnaburg fabric. Patented lacing method permits adjustment to any shaped dressing or cast to avoid pressure on tender spots.

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to ten in Cowlitz, Snohomish, and others. Premium rates vary from $1.50 to $2.75 a month. Income ceilings for subscribers have been abandoned in most counties. Most counties include maternity care after a waiting period; a few provide hospitalization for obstetric cases. The regular hospitalization coverage varies from one to six months. Medical care is provided for periods of from twenty-six to fifty-two weeks, depending on terms of the local contract. All Washington counties are authorized to offer family coverage.

The overlapping of hospital coverage and prepaid medical care has threatened for some time to cause conflict. The problem arose from certain factors peculiar to the Northwest. In the East, Blue Cross entered the field much earlier than the doctors did with their health insurance plans. In Washington and Oregon, however, the medical societies leaped into the driver's seat years before Blue Cross came along. Competition between these two agencies has given some aid and comfort to proponents of state medicine, but it is hoped that the medical societies and hospital insurance carriers will work out plans for cooperation in a number of Northwest counties where such cooperation does not yet exist.

For each new state plan there is an inevitable period of growing pains when administrative costs seem disproportionately high. The Northwest went through that awkward period long ago and can now point to prepaid health care that really works. The patients like it; the doctors like it; and it doesn't use a cent of tax funds.

—WILLIAM MCDONALD, M.D.



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antacid adsorbent

Bottles of 6 and 12 fluidounces

Bottles of 50, 100 and 1000 tablets

Prepayment Plans

N.Y. Municipal Plan to Use Medical Centers

The Health Insurance Plan of Greater New York, founded nearly two years ago by former Mayor Fiorello H. LaGuardia, will be in operation on or before August 1, according to Dr. Dean Clark, its medical director.

A comprehensive medical and hospital service will be provided by HIP at from ten to fifteen medical centers, at least two of which will be located in each of the city's five boroughs. A staff of ten or more physicians (G.P.'s and specialists) will be available at each center, and subscribers may choose any family doctor in the group. Each staff will be paid a yearly sum based on the number of subscribers enrolled at its center, and may distribute the income among its practitioners as it sees fit.

Dr. Clark said that one HIP center would be maintained by the New York University Medical School. The locations of other centers have been temporarily withheld.

During the initial phase of development, plan membership will be limited to 100,000 subscribers, and only employed groups and their families will be accepted. Those with yearly incomes above $5,000 will be barred. Monthly premiums, based on 4 per cent of annual earnings, are to be split by employer and employe. Blue Cross hospitalization will be included in the benefits of the HIP.

Grange Is Cooperating with the CPS

The California Physicians' Service is attempting to enroll some 30,000 farm families through the cooperation of the state Grange. Arrangements are being completed to have that organization act as a CPS agent in promoting the plan and in collecting premiums. Efforts are under way to interest other farm groups in similar schemes.

Rural health programs need the cooperation of the Grange and other farm organizations, says the AMA's Dr. Victor Johnson. He believes that liaison must be established with these groups on both the state and county levels.

He attributes the failure of an effort to sell hospital insurance, through bank account deductions, in Craig County, Va., to the farmers' unfamiliarity with hospital use, and to the fact that a bank account deduction, unlike a payroll deduction in urban centers, is a new idea

[*Continued on page* 140]

to those in rural districts.

Farmers need to be made more familiar with health plans, Dr. Johnson says, and this can be done if more state medical societies establish rural health committees to work hand in hand with organized farm groups.

GHA Extends Coverage to General Public

Prepaid medical care and hospitalization are now extended by Group Health Association, Inc. of Washington, D.C., to the general public for the first time since its organization in 1937. Its services heretofore have been confined to Federal employes who were subscribers to the plan.

Admission of private industry employes is on a group basis. A fixed percentage of each employed group is required to participate and to pay its dues through a single source. A special type of membership provides "full medical and surgical services, where hospitalization coverage already is provided under other plans."

A decision to admit members without discrimination as to color represents another departure from previous practice. During the war services were confined to white patients because of personnel shortages, according to GHA president Harry J. Becker.

Fees are $1.75 a month for each of the first three children in a family and $2.50 a month for each adult.

Service for these fees includes patients' visits at the clinic, home and hospital calls by physicians, and hospitalization up to sixty days each year. Under GHA membership, $1 is charged the patient for a first house call, but subsequent calls and all office visits are nonchargeable.

CIO, AFL Groups Join Voluntary Plans

Enrollment of additional union groups in prepay medical plans is reported from industrial centers. In Utica, N.Y., CIO steelworkers have subscribed to Medical and Surgical Care, Inc., with Blue Cross hospitalization benefits included in the coverage.

In Philadelphia, sixty-one building trades locals (AFL) are cooperating with the Blue Cross in the group enrollment of carpenters, bricklayers, and other building trades workers.

PRURITUS—due to Ivy Poisoning, Sunburn, Insect Bites, Herpes (coldsores) and localized vesicular areas—
relieve with CALAMATUM (Nason's)

Soothing, healing cream of Calamine, Zinc Oxide, Campho-Phenol. Ethically distributed.

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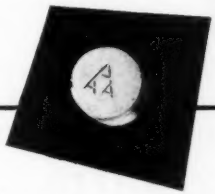
the most common gastric disturbance

"Dyspepsia" due to hyperchlorhydria is the most common of all gastric disturbances. • • By prescribing Creamalin for the control of hyperacidity, the physician is assured of prolonged antacid action without the danger of alkalosis or acid rebound. Through the formation of a protective coating and a mild astringent effect, nonabsorbable Creamalin soothes the irritated gastric mucosa Thus it rapidly relieves gastric pain and heartburn.

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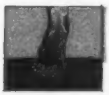
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EXPLODING STEAM, when bus driver removed radiator cap, caused second-degree burn of face, right shoulder, anterior chest, abdomen. Application of CHLOR-U-CAIN over period of two weeks—complete healing without scarring.



ACIDS in chemistry set gave 12-year old boy second-degree burns of palms and dorsums of both hands. Two applications of CHLOR-U-CAIN encouraged complete healing without scarring.



VARICOSE ULCER of 58-year old man's right inner ankle persisted for three months. Marked improvement after three applications of CHLOR-U-CAIN, discharged after two weeks' treatment.
(Three of many on file.)

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Leaves a discontinuous film on the skin

Johnson's Baby Lotion is a smooth, white, homogenized emulsion of mineral oil and water, with lanolin and an antiseptic added.

The Lotion leaves a discontinuous film of micron-size oil globules on the infant's skin. This permits normal heat radiation; allows perspiration to escape readily.





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What Industry Expects of Medicine

Big job is to help stimulate organization of health services in small plants

Industrial health services have demonstrated their value both from the standpoint of human welfare and economically. Yet thousands of plants have little or no health provisions for their employes and an utterly inadequate appreciation of what an organized health service can do for them.

The industrial manager, who is always aiming at reduced absenteeism, greater employe efficiency, and increased production, must learn that the medical profession can help attain these economic objectives. He must understand that a sound health program is one of the best aids to employer-employe relations. Plants that have organized health services, almost without exception, have discovered that they mean lessened compensation costs. In many instances, the entire cost of the service is paid for through this reduced liability.

▶ This is a condensation of an address by Howard Strong at the National Conference on Medical Service held recently in Chicago. Mr. Strong is secretary of the health advisory council of the United States Chamber of Commerce.

Industry must become convinced that prevention is cheaper than correction. Industry must have a more adequate understanding of the potentialities of the physician's contribution in this field. The major purposes of the health advisory council of the United States Chamber of Commerce in the industrial field are to give industry an understanding of the contribution the medical profession can make to management and labor, and to create in industry a demand for the services the profession is prepared to render.

The industrial manager learned long ago that it is a sound investment to provide a man or a crew of men to lubricate, adjust, and repair the machines in his plant, so that they may be kept at the highest peak of productive capacity. We are seeking to convince industry that it is an equally good investment for both management and labor to provide a staff to adjust, repair, and lubricate the human machines upon which the operation of the steel machines depends.

Now what should industry expect of the industrial physician? First, of course, that he be well trained in medicine, but also that he recognize industrial medicine as a specialty requiring special train-

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ing. Industry has a right to expect the industrial physician to prepare himself for this field of work, if possible by taking the special courses in industrial health given by many medical colleges, or by study, contacts with other industrial physicians, and attendance at meetings devoted to this specialty. Many physicians have gone into industry without this training and have ultimately made an outstanding contribution, but that contribution has come only after specialized study in one form or another.

The industrial physician must become thoroughly familiar with the plant and its "housekeeping" facilities. He cannot gain this familiarity by dropping in occasionally for a few minutes to see some employe who needs his attention. He must know thoroughly the plant's lighting, ventilation, sanitation, temperature, humidity, cleanliness, and other factors that make up plant environment. He must be familiar with the hazards of the plant, its possible toxic substances, accident causes, fumes, dusts, air content, and plant processes which may produce risks of one kind or another for the employe.

He must have some understanding, though not in detail, of mechanical processes, in order that he may intelligently assist the plant manager or foremen in putting the right man in the right job. He can be of invaluable service in discovering the physical and mental capacities of the worker, and the physical and mental demands of jobs in the plant.

What of the relationship of the industrial physician and the employe? Industry should recognize that while the physician usually works for management and is paid by management, his professional responsibility is primarily to the employe. His relationship with the employe should be the same confidential one which exists between the private practitioner and his patient.

When a plant health service is instituted, employes are frequently suspicious. They fear that management is trying to put something over; that it may be planning to use the service for its own ends, perhaps get rid of troublemakers or men whose condition may increase their compensation risks. Because of this suspicion, some employe groups have been slow to support industrial health service, and sometimes, though I think not often, with reason.

It is only as the integrity of the physician's position is completely demonstrated that suspicion can be removed. The plant physician must not permit his services to be used in the interest of management against employes, or in the interest of the employe against management.

Though many industries, and some physicians, will not agree, I am convinced that an industrial health program can best be worked out on a cooperative basis, with

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downward sweep . . .
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is logically the direction of medical management, in conditions involving biliary stasis and accompanying constipation. • Stimulation of the functional performance of the cholecyst and of the lower intestine can often be best accomplished by the administration of choleretic and cholagogic agents (preferably bile salts), coupled with small amounts of cathartics . . . in other words . . .
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both management and labor participating. Many industries are finding that, instead of imposing a health program from above, it is wise to work out the program with the cooperation and approval of labor. I think improving the health of the worker is something which cannot be done to him; it must be done with him. I believe that such a basis of operation will produce the most satisfactory results for both groups.

The competent industrial physician will recognize the primary significance of pre-placement and periodic health examinations. He will provide an adequate follow-up system to see that these measures are taken, and he will endeavor to convince both management and labor of their essential value.

The industrial physician, if he is to do his job adequately, must have some understanding of mental health and be equipped to diagnose, at least tentatively, the existence of mental and emotional conditions which may cause or aggravate physical disturbances. He must know what to do about them and, when necessary, where to send the patient for proper treatment.

Management should expect the medical man in industry to be a health educator, for this is a major part of the preventive program. Individual contacts offer the first and perhaps the best opportunity for health education. This can be supplemented by demonstrations, exhibits, films, pamphlets, bulletins, and other means to an intelligent understanding of general health, personal hygiene, sanitation, and safety. Industry can properly look to the industrial physician to initiate and aid these educational processes.

[*Continued on page* 150]



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The industrial physician usually does not practice curative medicine in the plant, except for minor ailments and in cases of emergency. After emergency treatment, the employe is referred to his family physician for treatment. This procedure must be clearly understood in the beginning. The physician must not overstep the line.

Small industry has a right to expect the industrial medical profession to help in working out plans under which small plants—which cannot afford to provide medical, nursing, and other technical staff and clinical facilities—may combine with other plants in the joint provision of such facilities. This is a major problem. Though 71 per cent of the workers in the country work in plants with less than 500 employes, few such plants can employ full-time nurses and technical staffs.

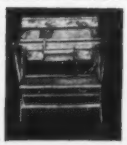
Ninety-two per cent of absenteeism due to illness arises from causes outside the plant. This means that industry, if it is to assure maximum health conditions for its employes, must extend its interest to the community health program. It must look to the medical profession to encourage and participate in community health activities, both official and voluntary, particularly in the development of case finding and preventive measures and community health education. Only with the cooperation of the medical profession and official and voluntary health agencies, can the major causes of absenteeism be eliminated.

Now just a word about what medicine should expect of industry. The industrial physician should expect management to give him his rightful place in the plant, not as a fifth wheel or as a supplement to the personnel department, but as one of the chief executives, perhaps a vice president, with the full support of management. The physician must have assurance that serious consideration is given to his recommendations with reference to plant and personnel. Only so can he best serve worker and management.

Certainly the industrial physician should expect management to respect the integrity of the physician-patient relationship and the confidential character of his records. He must have assurance that management will not use or tolerate the use of confidential records for dealing with supposedly troublesome employes, or for any purpose other than to protect the health, welfare, and productivity of the worker. The industrial physician, of course, must be given enough time and enough salary to do his job.

I believe that industry is in a mood to be shown the human and the dollar value of industrial health service. The health advisory council of the Chamber of Commerce and many other agencies are plowing the furrow. We need the help of the medical profession in planting the seed and bringing in the crop.

—HOWARD STRONG



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Double Your Reading Speed

Concentration on a few simple habits will enable you to do it



If you seem to be fighting a losing battle to keep up with your medical journals, don't resign yourself to defeat. You can, with surprisingly little effort, learn to read better and faster.

There is a popular superstition that a facility for reading quickly is something acquired while young, usually by budding book reviewers, or forever forfeited. But reading clinics have been demonstrating for more than two decades that most adults can by simple means increase their reading speed by as much as 50 or 100 per cent. Dr. Robert M. Bear, director of Dartmouth College's reading clinic, has said in the American Magazine:

"In the ten years that we have been helping Dartmouth students improve their reading, I have seen few freshmen who read nearly as rapidly and efficiently as they should—and could after a little training. Year after year, our reading classes start off at an average of around 230 words per minute, and finish up a few weeks later at around 500 words per minute."

In effect, this means that Dartmouth students learned to read more than 100 pages in the time they had previously devoted to fifty. Such an increase may mean nothing to the person whose reading consists of Daphne du Maurier's latest romances. It should be worth some effort to the time-pinched physician who must read to keep informed of new developments in his field.

The way to improve your reading is by analyzing your faults and then getting rid of them. This may seem a formidable task. Actually, you can do it in the course of your regular reading. For example, stop here and ask yourself these questions: Do you read word by word, syllable by syllable? Do you move your eyes three or four times in reading across a single line? If the answer is yes, you are being hampered by limited eye span, the most common cause of inefficient reading.

You may be under the impression that your eyes move continuously as you read, but you really absorb words only when your eyes are at rest or fixated. When your eyes are in motion, between fixations, they are blind. This means that if you read one word at a time there is a blind, or waste, interval between every two words. It means also that the wider your eye span, or the more words you absorb in each fixation, the less waste time there is in your reading.

Reading word by word, in addition to being wasteful as a physical process, retards the process of com-

XUM

prehension. You may think this improbable since slow reading is usually equated with thorough reading. But the findings of reading clinics reveal that faster readers generally acquire a better understanding of what they read than the plodders do, and the reason, once you have been made aware of it, is quite simple. Perhaps it can be shown best by illustration. In the word sequence, "a group insurance advocate," the eyes of a word-by-word reader will communicate relatively meaningless *a, group,* and *insurance,* before they strike the word *advocate* which enables him to put the sequence into a meaningful pattern. The person who has trained himself to pick up a phrase or thought sequence in one fixation labors under no such difficulty. His mind does not have to patch fragments of meaning together; it gets the meaning all at once. In fact, absorbing whole thoughts at a time is nearly all of the art of rapid reading.

It is not an art that must be laboriously acquired. Reading clinics teach their students to absorb an increasing number of words in a single fixation by means of a flashmeter. This instrument flashes words and word sequences for a split-second, and students must train themselves to see these words as quickly as possible. The number of words exposed is increased and the time for which they are exposed decreased as the students progress. The result is a steady widening of eye span and a decrease in fixation time.

Obviously, you can't use this method in the course of your regular reading. But if you have any degree of self-discipline, you can dispense with the various gadgets and exercises used in formal reading courses. If while reading during the next few weeks you make a determined and consistent effort to absorb from three to five words in each fixation, you will find at the end of this period that your reading speed has increased considerably. But the effort must be consistent. You may find it painful at first; your eye muscles will rebel at extending themselves, just as your tennis muscles do during your first sets of the summer. If you want to experiment now, try reading back over this paragraph, allowing yourself only one fixation per line.

You may have noticed in your reading that you tend to use your lips, tongue, and larynx exactly as you do in speech. This vocalizing is

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probably the easiest way of keeping your reading speed at half what it should be. The explanation here, too, is simple. Your eyes can travel over a word in a fraction of the time that it takes your lips to form it phonetically. When you vocalize your reading speed is held down to the pace of speech, which is the equivalent of allowing a sprinter to be paced by a cart horse.

There are two ways of breaking the vocalizing habit. They may strike you as being childish, but they are effective. One is to keep a pencil firmly between your teeth as you read; the other is to chew a large wad of gum.

Another habit that will slow your reading pace, though not as much as vocalizing, is that of regression, glancing back over a line you have already read. You can cure yourself of this by forcing yourself to read forward. More often than not the words you have skipped will not prevent you from getting the essential idea or facts for which you are reading.

As a matter of fact, teaching yourself to skip words is one way of increasing your reading speed. If that sounds odd, consider how many times you have read in your newspaper, "John L. Lewis, president of the United Mine Workers of America. . ." when you could have read, *"John L. Lewis, president of the Un. . ."* and surmised the rest. There are numerous word sequences that you know will follow a key word. You can surmise them, just as you can surmise most articles, conjunctions, and prepositions, and the final syllables of many words.

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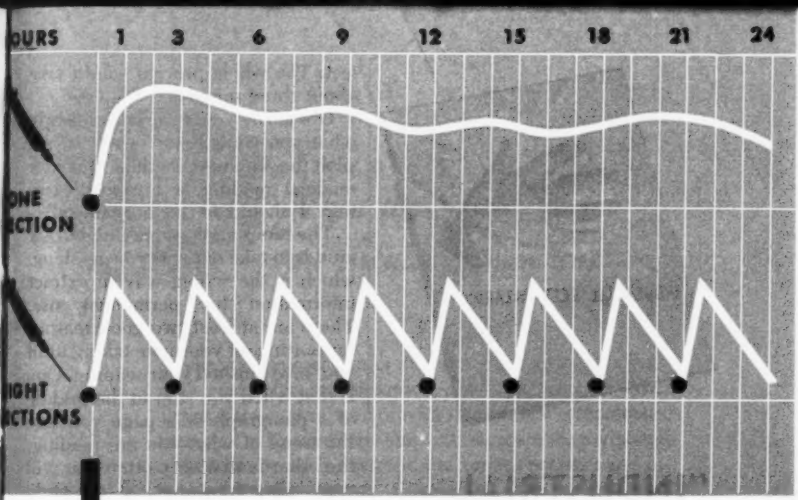
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skimming, which is not essentially a physical process of reading but a mental process of selection. Skimming, if you do it expertly, will cut hours of useless reading from your schedule. It consists of making intelligent use of tables of contents and indexes in books, titles and subtitles in periodicals, opening and closing paragraphs, and topic and closing sentences of paragraphs. Suppose you took up, say, Theodore Wiprud's book, "The Business Side of Medical Practice," in an effort to find information on the teaching of medical economics in medical schools. You could go after your information in one of three ways. You could start on page one and read all through the book, which might in the end yield none of the information you want; you could thumb through the pages in the quixotic hope that the facts you want would jump out at you; and you could skim. Skimming would mean looking first through the table of contents for leads. Finding none there, you would look for *Economics, medical* in the index, and learn there that the subject is covered on page 22. The first paragraph on page 22 begins, "In no country are there finer institutions of learning than in the United States." It is obviously rhetoric, so you would run your eye down to the first sentence of the second paragraph. It begins, "There is every valid reason why there should be included in the curriculum of medical schools in this country courses which would aid physicians to become efficient in their conduct of their personal affairs." That sounds like what you would want, and you would read on until you had finished the five or six paragraphs devoted to the sub-



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ject. The whole process would take about three minutes.

Obviously you must know clearly what you want before you can exploit the skimming method. But your medical reading is business reading; it should be well-organized.

The temptation in reading of that kind is to take notes as you go along, which is the wrong way to extract information for permanent use. There are at least two good reasons for putting off your note taking until you have finished your reading. One is that when you stop in the middle of a paragraph or a page you lose the trend of what you are reading; the other is that very often you will copy something out of an early paragraph only to find that it is set forth more clearly and in greater detail later on. Check interesting sections of an article as you read it, but hold off taking your notes until after you have absorbed the contents of the article as a whole.

Like ridding yourself of the habit of vocalizing and making regressions, learning to skim and to surmise, and increasing your eye span will help you to cut down the number of medical articles you can't seem to find time for. The reading clinics aren't wrong. You wouldn't play tennis with fetters on your arm. Why keep them on your eyes?

—CHARLES WILLIAMS

Anecdotes

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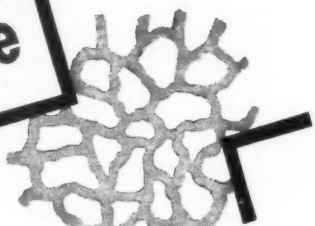
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Sidelights

There is much head-shaking in the medical society when newspapers run a story of an upside-down stomach or a new miracle cure. The public relations committee is pained. "Why don't they call us up and get the facts before they publish such rubbish," laments the chairman.

As a matter of fact, any city editor would rather print facts than a fairy tale; but experience has taught him that if he calls the county society, the girl who answers will refer him to the president. The president, it seems, is usually out on a call, and his nurse either asks the editor to call back or refers him to the public relations chairman who, in turn, tells the newspaperman to hold everything while he checks with the medical library. At that point, the editor is roaring: "Do they think we're publishing a daily paper or a yearbook?"

One such run-around is likely to cure the city editor of any temptation to verify his medical stories through the county society.

Yet it could be done. A workable way would be to select a committee made up of a practitioner in each major specialty and leave its roster with the newspaper. Members of this press relations group would be meticulously selected with a view to their accessibility and good judgment. Under such a set-up, the city editor, hearing of a freak birth, would call the obstetrician. Rumors of a Samoan surgeon installing new eyeballs in old sockets would send him at once to the ophthalmologist. The doctors would remain anonymous ("A spokesman for the Blank County Medical Society today explained that. . ."), so there would be no personal exploitation to worry other specialists.

It takes time and trouble to organize a press squad. But it pays real dividends in public relations.



No honest M.D. would intentionally block the professional progress of a promising young colleague. Yet, unintentionally, many older men are doing just that. They fail to realize that by clinging to places of seniority and control in hospitals, they block the advancement of younger doctors.

Many institutions have regulations calling for the retirement of active staff members at specified ages. The war made it necessary to suspend such regulations, but with the return of thousands of physician-veterans, justification for this suspension has disappeared.

It is a delicate situation because most of these senior physicians have acquired a permanent place in the affections of both the community and their fellow-practitioners. No one wants to suggest bluntly that the time has come for the elderly

and well-loved department head to step aside for a younger colleague. It can only be hoped that the men themselves will realize their position and gracefully assume their appropriate places on the consulting or honorary staff where they may continue to hold the respect and affection of the rest of the profession.

Medical organizations would do well to get their city fathers to name several physicians to each local board of health. Occasionally physicians are seated on such a board, but the general practice is to appoint minor political worthies. This is not entirely the fault of political leaders, for doctors often dodge serving in such positions.

It is sometimes argued that doctors have no more place on a board of health than on a hospital board of directors. The fact is, however, that the directors of a hospital make decisions affecting the privileges and ranks of M.D.'s, and a physician on such a board might be greatly embarrassed when it came to grading himself or a rival practitioner.

No such problems face the board of health. Doctors are especially competent to judge a health officer and, since he is not usually in competition with private practitioners, embarrassing personal factors do not enter.

In many cases, City Hall would welcome relief from the pressures which make it difficult to dispense political plums without stirring up enmity. The answer, "Sorry, but we always ask the medical society to



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nominate men for the board of health," would be a graceful way out for the politician.

The advantages of having a professionally competent board of health are obvious, the way to get one is clear enough. The next step is up to the local medical society.

No G.P. resents losing a patient to a specialist when the latter can provide better medical care. Sometimes, however, a case is lost only because the institutional nature of the specialty renders the family doctor's attendance infeasible. This is especially true in three kinds of cases—the contagious, mental, and tuberculous. The necessity of sending these to a specialized institution rules out continued attendance by the G.P., either because he is not on the staff of the special hospital or because it is too far away.

One means by which the family doctor could be made an active member of the treatment team would be the creation of facilities for mental, contagious, and tuberculous patients in special wings of general hospitals. Such a program is now being weighed by the Commission on Hospital Care, which promises a report before the end of the year.

Looming large on the commission's horizon are three proposals to broaden the general practitioner's sphere of service. One would widen the functions of the communicable disease hospital to embrace all types of illness, and correspondingly enlarge the medical staff. Another proposal is to construct tuberculosis-care facilities adjacent to general hospitals, which would operate them. The third proposal contem-

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plates facilities in general hospitals for treatment of neuropsychiatric patients who do not need long-term institutional care.

If adopted, these plans would permit the family doctor to exercise better control over the medical care of his own patients and help it keep him in the driver's seat of private health services.

Physicians are not generally noted for their sophistication. A nose-to-the-grindstone existence doesn't give the nose-grinder much in the way of worldliness.

But with the return of 50,000 medical men from the Army and Navy, something new is being added to the composite picture of the American physician. The medical officer will have worked with doctors and patients from all parts of the U.S. He will have talked to general practitioners in Newfoundland, to panel physicians in Britain, to faith-healers in Germany, to professors in France. He will have practiced medicine without worries about office expenses and collections. He will have had intimate contact with group practice, whether he likes it or not.

Pump 50,000 world-mellowed doctors back into the reservoir of American medicine and you have a new brew, made up of doctors who know the score. The sophisticated medical officer may well be a force to be reckoned with both by politicians and medical societies.

A number of people opposed to the Wagner-Murray-Dingell bill have hoped that a compromise might eventually be realized whereby tax-supported medical care would be approved by Congress, but only for the medically indigent. In an article in this issue, Senator Claude Pepper gives little encouragement to that hope. Limiting Federal medicine to the medically indigent would, of course, require the use of a means test; and the Senator considers any such test degrading to the patient.

If, as is likely, Messrs. Wagner and Murray see eye to eye with Pepper on the advisability of socializing medicine, no half-way sickness insurance legislation will satisfy them. Even in the event that half-way legislation is passed, it seems probable that the Florida Senator, for one, will promptly seek its amendment to cover the entire population.

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Hospitals

Says Hospital Volunteers Antagonize Unions

Fewer volunteers and higher pay for regular hospital workers are advocated by New York City's hospital commissioner, Dr. Edward M. Bernecker, to avoid "serious conflict" with unions. Hospitals generally, he says, must "meet the salaries paid in industry or we will cease to exist."

Dr. Bernecker, some of whose own subordinates now receive only $1,200 a year, has recommended a flat $300 raise for every city hospital employe.

Supporting the commissioner's viewpoint on the labor situation, John F. McCormack, superintendent of the Columbia-Presbyterian Medical Center in New York City and president of the Hospital Association of New York State, suggests that institutions replace salary-and-maintenance inducements with straight salary. Workers prefer the cash, he believes.

Finds Blue Cross Growth Not Taxing Facilities

Statistics disprove the contention that Blue Cross subscribers are making excessive use of hospital facilities, says the Hospital Service Plan Commission of the American Hospital Association. In 1944, the average Blue Cross subscriber was hospitalized for 8.46 days, which compared favorably with the national average of 10.69 days. Though Blue Cross subscribers constituted 11.59 per cent of the population, they required only 10.07 per cent of the patient-days of hospital utilization.

The Blue Cross contends that its members, knowing they are covered on hospital costs, tend to seek medical care earlier and more regularly than other patients, thus lessening complications and shortening their hospital stay.

As further proof that Blue Cross growth is not responsible for the lack of facilities, plan officials say that they rarely have to use contractual provisions worked out for cases in which beds are not available for their subscribers.

Ask Contagious-Case Care in General Hospitals

The Commission on Hospital Care of the American Hospital Association suggested recently that general hospitals provide special facilities for handling patients with communicable diseases. "As methods for the control of contagious diseases have improved and morbidity has declined, there is less and less need for special institutions," the commission said. "Even in the largest cities, the accommodations pro-

[*Continued on page* 178]

XUM


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THE OVERWORKED


THE
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THE CONSTITUTIONALLY
DELICATE

these are the patients—

—neither seriously ill, nor yet entirely well—who often respond dramatically to the administration of a good tonic.

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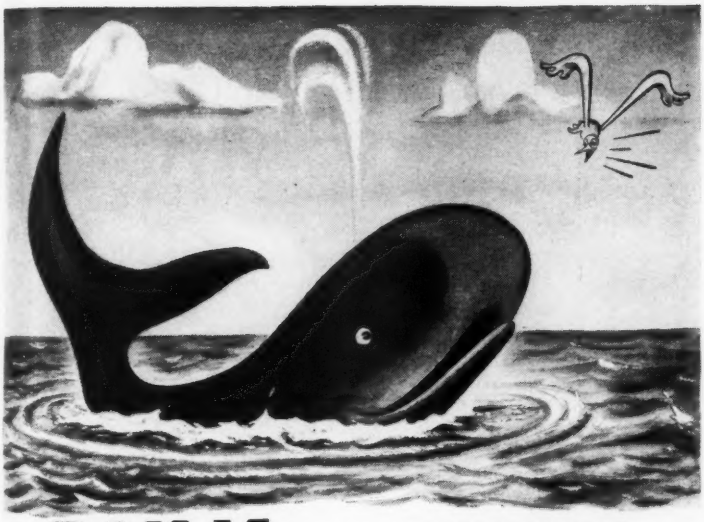
vided often stand idle, resulting in economic waste and frequently in inadequate service.

"Some special facilities and equipment are necessary for complete isolation of communicable disease in a general hospital. However, during periods when little [such] disease is prevalent in the community, these accommodations could be opened to patients with non-communicable acute illness.

"It must be expected that the per diem nursing expense will be increased in proportion to the extent to which isolation techniques and special personnel must be employed. But the increased cost would be less in the aggregate than maintenance of special institutions with attendant duplication of personnel.

"Frequently, no facilities for the care of these patients are provided in the area in which they live and they must either be treated in their homes or transported great distances. Expansion of service in the community hospital would provide a ready means for isolating illnesses which might otherwise develop in epidemic proportions.

"Soon after the outbreak of acute poliomyelitis in Rockford, Ill., in 1945, the general hospitals with the aid of the National Foundation for Infantile Paralysis developed special communicable disease services, imported professional personnel, and handled the situation adequately. In many instances, administrators and boards of trustees, fearing the untoward reaction of the public, have refused to admit [polio] patients during the acute stage of the illness. This is a faulty attitude, for these patients can readily be cared for without hazard to others."



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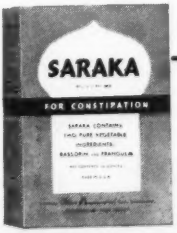
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Absorbine Jr.
For the Relief of
MUSCULAR ACHES AND PAINS...
Suggest
ABSORBINE JR.

Why Labor Favors Compulsory Sickness Insurance

Says it respects doctors' scientific ability but not their economics



The workers of America have reached the conclusion that if they want medical care in the family budget, they must get away from the present catastrophe basis of paying for it. Their argument for health insurance is as simple, as irrefutable, as that.

The family or individual need for medical care is too unpredictable, the costs of modern medical care are too variable, to allow individual family budgeting. Joint budgeting through social insurance seems to us the obvious answer. Voluntary insurance is fine for those individuals who can afford it and can get it. But the inclusive coverage provided by compulsory social insurance is the only practical answer for the millions.

While we have the highest respect for the scientific attainments of the medical profession in this country, we cannot share the economic attitude with which the profession has at times approached its problems. We ask it to look at our sick society, to diagnose its ailments without prejudice, and then to help effect a cure. We ask it not to rely upon the economic nostrums peddled in Journal AMA editorials. Much that has been said in them is more emotional than scientific.

Labor is willing to leave to competent professional judgment the professional aspects of medical practice. How the patient shall pay for the service he receives, however, is not one of the strictly professional aspects of medicine. On this subject there are others more expert than the doctor.

The fact is that the alternatives to health insurance are charity care, the loan shark, and continued neglect of health needs and opportunities. Labor wants none of these; what workers do want, and are determined to have, is an opportunity to obtain with their own contributions adequate medical care for themselves and their families—to which they will be entitled as a matter of right when the need for care arises. That is why we hold to the contributory principle in social insurance. We do not want something

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▶ This is a condensation of an address by Nelson T. Cruikshank at the National Conference on Medical Service held recently in Chicago. Mr. Cruikshank is the American Federation of Labor's director of social insurance activities.

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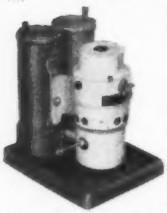
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Musterole offers all the advantages of a modern counter-irritant, analgesic and decongestive in relieving muscular aches, pains, soreness and stiffness.

Its stimulating medication brings fresh blood to help break up the localized congestion thus affording the patient a sense of prompt warming comfort. A clean, white, stainless rub you can indicate with confidence.

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that is paid out as a dole from a beneficent government.

Fortunately, I do not have to discuss labor's interest in health in vague and general terms. The Wagner-Murray-Dingell bill, S.1606, offers the kind of health program which labor believes essential to the future welfare of this country. I shall comment briefly on a few of the major features which are responsible for labor's support.

Let me begin with the doctor-patient relationship. In the past few years there has been a great deal of pure buncombe put forth on this subject and I suspect the months ahead will see even more.

The only direct change which the Wagner-Murray-Dingell bill would make in the present system of distributing medical services would be in the method of paying for such services. All licensed physicians are guaranteed the right to enter the insurance system, or stay out, as they chose. Free choice of a general practitioner is assured, and the family may change doctors if it wishes. The guarantees of non-interference in the professional aspects of medical practice and in the operation of hospitals are even stronger in the 1945 bill than they were in 1943.

It seems to us that Senate Bill 1606 protects the physicians, and that there should be money enough to provide them with incomes which would be at least as good, and generally better, than the incomes earned by doctors now. To be sure, insurance practice won't pay all doctors incomes as high as those of the small percentage of physicians who earn very large amounts. But it can pay every doctor a fair, even a generous, return for insurance service. The high-



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income doctor who serves the rich can keep right on with that as a non-insurance practice, if that is his wish.

We believe that, just as we are able to do better work if we are well paid and have assurance that work and pay will continue, so will the doctor be able to carry on more satisfactorily when he can estimate his income in advance and know that he will be paid for all the service he renders instead of, as at present, for only part of it. He should be as pleased, as we will be, that he gets rid of the job of collecting from the rich to pay for the services furnished to the poor.

It seems significant to me that it is the patients who are confident that the doctor will be able to do a better professional job when certain business aspects of practice are removed, and that it is the doctors, in part, who say that only under the incentive of a competitive system can they deliver good medical care. We suspect that many among the rank and file of doctors differ with those who purport to speak for them in some of the professional journals. We do not believe that professional standards have sunk to the level where only under a competitive business enterprise will doctors deliver good medical care.

The policy of allowing the doctor himself to choose the method by which he shall be paid by the social insurance fund seems to us a sound principle. We have serious doubts as to whether the fee-for-service method is a satisfactory or desirable method of paying general practitioners. But so long as the quality and cost of medical services are adequately safeguarded, we would prefer to let the doctors come to

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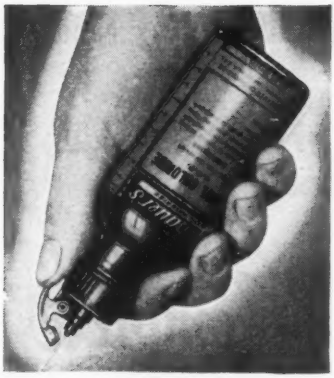


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ETHYL CHLORIDE U. S. P.

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Professionally preferred for its purity. 4 fl. oz. and 2 fl. oz. containers at all surgical supply stores.

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℞ **OLIODIN** "5"
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Oliodin produces a mild hyperemia with an exudate of serum, loosening crusts, relieving dryness and soothing mucous membranes. Breathing improved.

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this conclusion themselves, as many of them have already done.

Another argument for the Wagner-Murray-Dingell bill is that it includes a number of provisions designed directly to improve the quality of medical care. Many parts of our country lack the hospitals and other facilities necessary for modern medical care. Some of these communities would find the capital funds for hospital construction if social insurance were available to pay for use of the hospital once it was built. Many other communities need help in financing the costs of construction. Labor, therefore, supports the hospital construction program embodied in the Wagner-Murray-Dingell bill and in the Hill-Burton bill.

The medical profession has assurance that on matters of strictly professional concern the advisory groups provided for in the Wagner-Murray-Dingell bill would consist solely of physicians. In all other matters, the workers covered by the system, employers, persons with special technical competence, and representatives of the public would maintain a continuous scrutiny of policy and administration. There would be regional and local as well as national advisory councils. This is the democratic method. Anyone who continues to shout "regimentation" or "dictatorship" must convict himself either of failure to have read or of failure to have understood the bill.

Organized labor in this country has not always supported health insurance. We have not drifted into it. We have come to our present position through years of experience and careful study. Back in the

[*Continued on page* 190]



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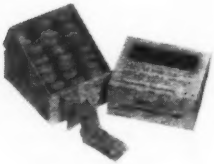
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—McGovern, F. H.: Arch. Otolaryngology, 40:196-197 (Sept.) 1944.

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When a single tablet of pleasantly flavored Sulfathiazole Gum is chewed for one-half to one hour it provides a high salivary concentration of *locally active* sulfathiazole averaging 70 mg. per cent. Moreover, resultant blood levels of the drug, even with maximal dosage, are so low (rarely reaching 0.5 to 1 mg. per cent) that systemic toxic reactions are virtually obviated.

INDICATIONS: Local treatment of sulfonamide-susceptible infections of oropharyngeal areas; acute tonsillitis and pharyngitis—septic sore throat—infectious gingivitis and stomatitis—Vincent's infection. Also indicated in the prevention of local infection secondary to oral and pharyngeal surgery.

DOSAGE: One tablet chewed for one-half to one hour at intervals of one to four hours depending upon the severity of the condition. If preferred, several tablets—rather than a single tablet—may be chewed *successively* during each dosage period without significantly increasing the amount of sulfathiazole systemically absorbed.

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*Dickinson, R. L.: J. A. M. A. 128:490, June 16, 1945.

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MURINE is a *buffered, isotonic* solution, and can be used without fear of irritation to the conjunctiva or cornea. The pH of the Murine formula, approximately 8.0, together with the isotonicity of the tears, fulfills all the more modern desiderata of a collyrium in that it is soothing, cleansing, and non-irritating.

The ingredients contained in the Murine formula are: Potassium Bicarbonate, Potassium Borate, Boric Acid, Berberine Hydrochloride, Glycerine, Hydrastine Hydrochloride, Sterilized Water, and 'Merthiolate' (Sodium Ethyl Mercuri Thiosalicylate, Lilly) .001%.

Boric Acid is advantageously used in a low concentration (1.4830). A higher percentage, in combination with the other salts present, would cause Murine to be hypertonic to the eye and therefore lose its soothing effect and produce symptoms of mild congestion and irritation.

The ingredients, Potassium Borate and Potassium Bicarbonate, are mildly alkaline and serve as a detergent and mild astringent. They act synergistically with Boric Acid, which is mildly antiseptic.

Glycerine is used for two specific purposes: 1—it adjusts the Murine solution to the exact isotonicity of the tears; 2—it keeps the conjunctiva moist.

Berberine serves a very useful purpose. It has been known for many years that the alkaloid Berberine in alkaline solutions is an effective therapeutic astringent on inflamed and catarrhal conditions of the mucous membrane. The therapeutic effect of Berberine on mucous membrane is supplemented by Hydrastine Hydrochloride. To the above, a 1% solution of 1-1000 of 'Merthiolate' is added since it was found by practical experimental research in our laboratory that this solution was sufficient to inhibit mold growth.

The method of compounding these previously mentioned ingredients eliminates all side reactions together with the formation of any unlooked-for chemical realignment, thereby guaranteeing the true and unadulterated percentages of the formula as a final product.

The formula of Murine is in keeping with the dictates of all the recent desirable factors necessary in a collyrium: it is isotonic with the tears, it is a truly buffered solution, it includes mild but effective astringents, and a preservative. This all makes for a soothing, clean sing and still uniquely therapeutically effective preparation for minor irritations of the eye.

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1920's the American Federation of Labor took a position against health insurance. But now, after nearly a quarter of a century, we see our nation, in spite of its great resources of wealth and scientifically trained personnel, in eighth place among the nations of the world with respect to infant mortality. We see that we are somewhere between eighth and twelfth place with respect to the death rate of children and adolescents and in twenty-first place for persons in middle life. These figures reflect a health picture of which American labor is not proud.

The old system has been weighed in the balance and found wanting. The need for more adequate medical care has been amply demonstrated in the studies of the Committee on the Costs of Medical Care, in the National Health Survey, and still more irrefutably in the results of the Selective Service examinations.

The failure of voluntary method to insure against the costs of medical care has also been fully demonstrated. Voluntary insurance can never hope to reach the mass of people, the low-income groups, the aged, and persons with chronic ailments—those most in need of insurance. Even the proponents of voluntary insurance are beginning to admit that it cannot do the whole job or the main part of the job that needs to be done. The task is one which calls for the participation of all of us through democratic governmental action.

It is not merely the *officials* of the American Federation of Labor who support the Wagner-Murray-Dingell bill. Our *members* insisted that something be done to provide a

Could any infant cereal match this one?

CLAPP'S INSTANT CEREAL

Pre-cooked . . . ready to serve

Clapp's Instant Cereal is prepared from mixed cereals, fortified with vitamins and minerals, notably vitamin B_1 (thiamine) and Iron, in which the infant diet may be deficient.

INGREDIENTS

Whole Wheat Meal • Corn Meal • Wheat Germ • Malt • Non-fat Dry Milk Solids • Calcium Phosphate • Dried Brewers' Yeast • Salt • Iron Ammonium Citrate.

1 ounce of Cereal contains an average of 0.3 milligrams vitamin B_1 and 0.1 milligrams vitamin G.

TYPICAL ANALYSIS

Carbohydrate 73.1%
Protein (N x 6.25) 15.0%
Fat (ether extract) .8%
Ash (total minerals) 3.8%
Crude Fiber 1.6%
Moisture 5.7%
Calcium (Ca) 800 mg. per 100 gms.
Phosphorus (P) 580 mg. per 100 gms.
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Copper (Cu) 2 mg. per 100 gms.
Thiamine (B_1) 1.0 mg. per 100 gms.
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Calories per ounce 102.

NUTRITIONAL VALUES

½ oz. and 1 oz. may be considered average daily amounts for the infant and young child respectively. These amounts furnish the following percentages of the minimum daily requirements:

For infants: 120% of vitamin B_1; 20% of vitamin B_2. *For young children:* 60% of vitamin B_1; 113% of Iron; 32% of Calcium; 22% of Phosphorus.

The Council on Foods and Nutrition of the A.M.A. suggests that infant cereals may well be selected upon the basis of furnishing vitamin B_1 and Iron. Clapp's Cereals are an excellent source of these two food elements.







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Back to normalcy means that we will now pick up where we left off and you will get, once again, the fine, courteous and quick service for which we are noted. Our workmanship will again be the very best. And, last, but not least, our prices remain, by far, the very lowest.

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broad social insurance program including health insurance. The Wagner-Murray-Dingell bill has been discussed at countless meetings of local unions and city central bodies and at state and national conventions of our unions from one end of the country to the other. The delegates to the Sixty-Fourth Annual Convention of the AFL at New Orleans unanimously endorsed the principles of the Wagner-Murray-Dingell bill, and instructed their committee on social security to work with the president of the federation in preparing and submitting a new bill. Senate bill 1606 is in large measure the result of those efforts, and reflects the wishes of a convention representing seven million American workers.

That the leaders of the American Federation of Labor were accurately interpreting the desires of the rank and file in this respect is reflected in numerous public opinion polls in which the American people have indicated that they regard the provision of adequate medical care as one of the most important guarantees for the future, and that they are not afraid to work together through their government to achieve a sound national health program. This is democracy in action.

To be sure, it is the opponents who have proclaimed they are the defenders of liberty, freedom, and democracy. It is the opponents who have shouted "regimentation," "bureaucracy," and "socialized medicine." Mark well, however, that all their cries add up only to saying that they do not trust democracy and have no faith in the government of a democracy.

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Of course, Doctor, you want your baby patients to be bathed with a specially mild and pure soap.

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Furthermore, Swan's fats and oils are all high grade! No free alkali, no free fatty acid, no coloring matter or strong perfume.

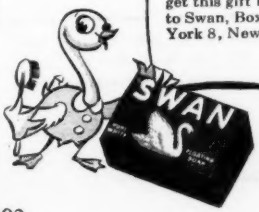
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A *New* APPROACH TO MYOPATHIES

Basic Relief of

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FIBROSITIS
FIBROMYOSITIS
AND KINDRED CONDITIONS



A NEW RATIONALE, quite different from the previous approach with rubefacients and counterirritants, places Myopone therapy in a field by itself.

Formulated to the new concept that myopathies are etiologically of local metabolic origin, topically applied Myopone apparently supplies a deficiency in affected muscular tissue. Utilization of the special solvent-extracted wheat germ oil contained in Myopone puts into action not only essential vitamin E but also phospholipids and other therapeutically active factors*.

FORMULA: Solvent-extracted wheat germ oil in a special absorption base.

Topical application of Myopone Ointment relieves soreness, eases tension, reduces swelling and stiffness.

Available in 1 oz. and 1 lb. jars at ethical pharmacies.

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*Ant, M., N. Y. State Jour. Med. Sept. 1, 1945

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The Newsvane

Public Held Opposed to Anti-Vivisectionists

The California Medical Association has told its members that the public can be counted upon to side with medicine against the anti-vivisectionists if the facts are presented to it in a well-directed campaign. California witnessed such a campaign in 1920, when, by a decisive majority of 254,842 votes, Californians defeated an anti-vivisection referendum. Every county lined up against it.

Commonwealth Fund Sees Medical 'Dilemma'

"Medicine is caught on the horns of a dilemma which its own progress has forced upon it," declares the Commonwealth Fund in its latest annual report. As the profession becomes "more and more precise and 'scientific,' specialization is inevitable," and specialization makes it "more and more difficult for the sick man or woman to get comprehensive medical care," the report says. It finds specialism "particularly dangerous when a man's body and 'mind'—that is, his behavior as a person—are cared for by different kinds of doctors who have little commerce with each other."

The authors of the Commonwealth Fund report believe that it would be "unwise and impossible to check the growth of specialized knowledge," but they are equally convinced that until some way has been devised to integrate "specialized knowledge into comprehensive medical care" medicine and medical training will remain inadequate.

There are no short-cuts, they warn. Though "some way must be found to better and to accelerate training," they say, "this cannot be accomplished merely by multiplying medical schools or by offering fellowships for training at any level. It is not alone the quantity but the quality of professional training that needs attention."

Official Advises M.D.'s on Buying Surpluses

Urging physicians to get their names on the mailing list of the War Assets Corporation, the new administrative agency for disposal of surpluses, Robert C. Ayers, a spokesman for the corporation, points out that veterans receive only a No. 3 priority, and that usually not much is left after groups with higher pricritics have finished picking.

Although he believes the individual physician should be allowed to buy medical surpluses at the 40 per cent discount provided for

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health institutions in the Surplus Property Act, Mr. Ayers has not been able to convince his superiors.

Mr. Ayers promised that future catalogues would describe the available equipment more fully.

New Drug Manuals Feature Anglicized Titles

The forthcoming U.S. Pharmacopoeia XIII and the National Formulary VIII will be easier reading than were previous editions for the country's physicians, chemists, and enforcement officials. In a break with tradition, which has caused considerable controversy among pharmacists, the volumes have been Anglicized and modernized. In one of the main revisions, primary titles have been arranged alphabetically in English, instead of, as previously, in Latin. Latin titles, previously given above the English, have been placed below them.

Some druggists, who have always prided themselves on their knowledge of Latin drug titles, are said to fear that the Anglicized listings will tend to lessen their prestige.

Bulletin Board Service for Reception Room

Members of the Milwaukee County Medical Society are being offered a reception room bulletin board service designed to provide patients with easily grasped facts on public health, socialized medicine, prepayment plans, and other aspects of medicine and medical practice. Physicians may procure from

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ELASTIC BANDAGE

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Live Rubber Thread



TENSOR exerts uniform pressure but doesn't bind. TENSOR keeps its elasticity its whole life through. TENSOR is lightweight and porous, permits free motion while giving support. And TENSOR offers all these advantages because it's woven with LIVE RUBBER THREAD.

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Each capsule of Infron Pediatric contains 100,000 U.S.P. Units of Vitamin D —Whittier Process—especially prepared for pediatric use.

Infron Pediatric mixes readily with the feeding formula, milk, fruit juices, or water, and can also be spread on cereal.

Supplied in packages of 6 capsules—sufficient dosage for 6 months. Available at prescription pharmacies.

REFERENCES:

Rambar, A. C., Hardy, L. M. and Fishbein, W. I.: J. Ped. 23:31-38 (July) 1943
Wolf, I. J.: J. Ped., 22:707-718 (June) 1943
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Wolf, I. J.: J. Med. Soc. New Jersey, 38-436 (Sept.) 1941

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THE WORLD'S BEST-KNOWN STOMACHIC

ANGOSTURA
AROMATIC BITTERS
32 INTERNATIONAL AWARDS FOR MERIT

the society at nominal cost a display board specially designed for their individual reception rooms. The board is mounted on an easel which permits reading at eye level.

Display material is furnished weekly. It includes public health posters; circulars dealing with the control of cancer, t.b., and venereal disease; editorial comments on the lay aspects of Federal medicine; leaflets on the Blue Cross and the Milwaukee Surgical Care plan (a pocket on the board holds these leaflets); and a one-page doctor-to-patient suggestion sheet called The Reception Room Review. The board also provides space on which office hours may be posted.

Druggist Convicted in Sulfa-Drug Death

A New York City pharmacist, whose misreading of a prescription resulted in the death of an eight-month-old child, has been convicted of second-degree manslaughter and sentenced to serve from two to four years. The pharmacist, Jacob Greenwald, mistook the symbol "div." in a sulfathiazole prescription for "DTD," and prepared seven doses of twenty-one grains each instead of dividing twenty-one grains into seven doses. The infant died after the sixth dose.

After sentencing Greenwald, the court granted a stay of sentence to permit the filing of an appeal. It held that such action was justified inasmuch as the case was the first manslaughter trial in the state involving "a new and as yet not fully understood" sulfonamide.

Testimony revealed that Greenwald had supplied the sulfathiazole

Bill Smith, "D. M." Waiting to See You, Doctor

Bill Smith isn't an M.D. Both you and he know that. But he's a "D.M." . . . short for Detail Man.

If he's good, his purpose is to serve you . . . and help you keep abreast of developments and changes.

If he's top-notch, he estimates his product's value in practice, and confines himself to these. Or if he is in doubt, he asks you if you are interested in such-and-such.

If he's top-notch, he estimates his product's value fairly; tells the conditions under which it is to be used; those under which it should not be as beneficial.

He realizes that his purpose in calling is to save your time, not monopolize it . . . so he describes his products precisely, concisely and accurately . . . without reciting his story in stereotyped form.

These are a few of the attributes that make many M.D.'s receive "D.M.'s" with such genuine welcome. For they lend the helping hand that does much to relieve busy doctors of a tremendous burden.

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● It is based upon an application of the old principles of counter-irritation and massage. Most of the treatment is conducted by the patient at home and consists of the daily use of mild counter-irritants—solution "A" (Parker Herbex), which contains chloral hydrate, glycerine and the extracts of Colocynth, Capsicum, Mullein and Jaborandi, and Ointment "B" (Parker Herbex), containing Thymol, Salicylic Acid, Chrysarobin and Sulphur. Twice a week the physician should apply to the affected areas a potent counter-irritant, Exite (Parker Herbex) the active principle of which is (Synthetic) Oil of Mustard.

DIRECTIONS FOR PHYSICIANS
Fill out prescription blank enabling your patient to obtain Solution "A" and Ointment "B" from a pharmacist; Give your patient an instruction sheet; Have your patient come to your office twice a week for a checkup. At this time apply Exite (Parker Herbex) to the denuded areas.
Available on Request. This informative booklet entitled "HAIR HYGIENE" containing simplified directions for the care of the hair.



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Please send your FREE copy of HAIR HYGIENE to

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in tablet form, instructing the child's father to mix each tablet with an equal amount of sodium bicarbonate. The remedy had been prescribed for a sore throat.

Urges Action to Aid Rural Medicine

The Hill-Burton bill, which provides for establishment of hospitals and clinics in rural areas, should help to attract doctors to those areas, Dr. F. S. Crockett told a recent conference of state-society secretaries. He urged county medical groups to take an active role in determining the location of such facilities, and to try to prevent political log-rolling.

Dr. Crockett also suggested, on the subject of rural health service, that loans be made to medical students who agree to practice in rural areas for a certain number of years; that medical societies assume leadership in supplying rural health facilities before control passes to the farm organizations; and that every state medical association set up a committee on rural health. Twenty-nine societies are now without such a committee.

Osteopaths Lose in Bids for EMIC Cases

The right of osteopaths to participate in the EMIC program has been denied by courts in Wisconsin and Texas. The courts have upheld the legality of plans approved by the Children's Bureau and submitted by the state health boards, which excluded osteopaths from the EMIC by requiring all participat-



Spinach, as everybody knows, grows best in soft, rich soil. Usually, there is a fine dusting of grit hidden in the nooks and crannies of the leaves which must be removed before preparing spinach for Gerber's Baby Foods.

Our laboratory technicians found a loss in the mineral content when checking the newly washed spinach against the same spinach fresh from the fields. The loss was finally tracked down to the five or six washings we thought necessary to remove the grit.

From then on, a new technique was adopted which *shook* the leaves clean and required but *two washings*, with a consequent gain in mineral content.

That kind of care is typical of the way we at Gerber's take our responsibility of feeding America's babies. Working hand-in-hand with the medical profession, we agree that "Babies are the most important people!"

Write for free samples of Gerber's Cereal Food and Gerber's Strained Oatmeal, address Gerber's, Dept. 224-6, Fremont, Mich.



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CEREALS • STRAINED FOODS • CHOPPED FOODS

ing practitioners to be graduates of schools approved by the AMA.

The Wisconsin Supreme Court has ruled that approval of the plan by the Children's Bureau puts the controversy beyond Wisconsin's jurisdiction. It adds that "No facts are alleged in the complaint [of the osteopaths] to the effect that any osteopath has been deprived of the right to practice obstetrics or that any such action has been threatened."

Texas osteopaths secured an injunction restraining the state board of health from operating its EMIC plan on an exclusion basis, but the board took the case to an appeals court, which set aside the injunction after citing the Wisconsin decision.

In both cases, the courts pointed out that the state boards were merely agents of the Federal Government and could administer EMIC funds only as specified in plans approved by the Children's Bureau.

Residencies Established in Physical Medicine

Seven hospitals in New York City are receiving applications for residencies in physical medicine. The hospitals are Presbyterian, Post-Graduate, Mount Sinai, St. Luke's, Goldwater Memorial, Montefiore, and the Hospital for Joint Diseases. The salary range will be $900 to $1,800 a year.

Applicants must have completed an interneship in an approved hospital. Those selected will receive four months of basic training at Columbia's College of Physicians and Surgeons and three years of clinical

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The effectiveness of HYODIN (formerly Gardner's Syrup of Hydriodic Acid) in stimulating bronchopulmonary membranes to effect secretion and liquefaction of mucus has made it an *iodine preparation of choice* to provide systemic relief in: Influenza, bronchial dyspnea, chronic bronchitis, common cold, grippe, unresolved pneumonia and pleurisy. HYODIN is a *colorless . . . most palatable . . . well-tolerated . . . less toxic . . .* and *highly stable* iodine preparation for use whenever internal iodine medication is indicated. Each 100 cc. contains 1.3—1.5 Gm. hydrogen iodide (resublimed iodine value averages .85 gr. in each 4 cc.). *Dosage:* 1 to 3 tsp. in ½ glass water ½ hr. before meals. *Available:* In 4 and 8 oz. bottles.

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SYRUP AMMONIUM HYPOPHOSPHITE
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— an efficacious demulcent expectorant often employed as an adjuvant to HYODIN. Its efficiency in soothing local inflammation, and diminishing the cough by making it more productive and less fatiguing — without the use of opiates or sedatives — qualifies it as an ideal preparation for local treatment of many conditions in which HYODIN is indicated. Each 30 cc. contains 1.05 Gm. of ammonium hypophosphite (2 gr. in 4 cc.). *Dosage:* 1 to 2 tsp. p.r.n. *Available:* In 4 and 8 oz. bottles.

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Instruct the patient to apply ANTIPHLOGISTINE comfortably hot—in order to ease the pain, reduce the swelling and promote healing.

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work. Appointments are subject to renewal annually. A limited number of the residents who complete their first or second year will be eligible for research fellowships at $2,500 a year.

The training program, first of its kind, is being carried out under the joint sponsorship of the college, the hospitals, and the Baruch Committee on Physical Medicine.

Bradley Speeds Building of V.A. Hospitals

With the V.A.'s gigantic ($448 million) hospital-building program well under way, General Omar N. Bradley, Administrator of Veterans Affairs, summoned the nation's outstanding architects to Washington in a determined effort to avert mistakes in design that might "result in inconvenience, discomfort, and inefficiency." Coupled with this move was his announcement that he was going to assign a large share of the construction job to the Army Engineer Corps, whose work in the European theatre had demonstrated an "ability to carry through enormous operations in record-breaking time." Washington reported dismay among Congressmen who had hoped to exploit the hospital-building program for pork-barrel politics.

Another promising development revealed by General Bradley was a pledge by sixty-three of the nation's approved medical schools to supply consultants, visiting staffs, and residents for hospitals set up in their vicinities. The remaining fourteen are willing to cooperate, but the V.A. building program includes no hospitals in their vicinity.

[*Continued on page* 206]

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Many physicians are amazed at the speed and thoroughness with which RIASOL clears the patches of psoriasis. They ask:

"Can such an effective treatment be safe?"

RIASOL employs but 1/9 the mercury content of ammoniated mercury, U.S.P.

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Apply RIASOL daily after a mild soap bath and thorough drying. A thin, invisible, economical film suffices. No bandages needed. After one week, adjust to the patient's progress. RIASOL may be applied to any area, including face and scalp.

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Meanwhile, the V.A. remained in dire need of hospital beds. It had asked the War Department to earmark seventeen more surplus Army hospitals for V.A. use. From the Navy it was borrowing 10,000 beds, together with all the personnel needed to care for veteran-patients. The Army was ready to lend 10,000 beds, but it could not supply doctors and nurses to service them, and the V.A. was looking for civilian personnel to do the job.

It was also extending the home town plan into the hospital field. It had contracted with the Michigan Hospital Association to use beds in practically all of the state's 200 private institutions. Thirty-six other state hospital associations had approved a plan to cooperate with the V.A. in the same manner.

How Osteopaths Got V.A. Rights Is Revealed

Inclusion of an osteopathic clause in the bill revamping the medical set-up of the Veterans Administration is being attributed by informed sources to the fact that Maj. Gen. Paul R. Hawley, V.A. medical chief, discouraged opposition which might have delayed passage of the bill. Another reason given is the alleged reluctance of many M.D.'s to oppose osteopath privileges right now, because this would interfere with their fight on compulsory health insurance.

Decrying such an attitude, an AMA spokesman warns that osteopaths, if unchecked, will lower medical standards as drastically as the W-M-D bill would. Asked whether he thought General Hawley would actually appoint osteopaths to the V.A. staff, this spokesman said he was sure no such appointments would be made by the Hawley regime. The bill, he explained, made appointments permissive, not mandatory.

Hawley, Parran Hunting for Medical Men

Apparently vying with each other to secure the services of young physicians, Surgeon General Thomas Parran of the U.S. Public Health Service and Maj. Gen. Paul R. Hawley of the Veterans Administration continue to publicize the advantages of salaried employment in their respective agencies.

The V.A.'s new pay scale (see table) is emphasized by General Hawley. He points out that certified specialists receive 25 per cent above base pay, and are appointed at the "Full" grade or higher. Those not certified will be "encouraged" to become diplomates, he says. Hospital and specialist appointments will be made in requested areas "whenever possible."

The General also stresses "the opportunity to practice medicine untrammeled by considerations of the

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Every one can see the need for control measures against *obvious* dangers. But dramatic and constant campaigning is necessary to win public support in the fight against the unseen menace of cancer. Interest must be awakened and education conducted to enlist the public co-operation requisite to success. This challenging work is the responsibility of the Field Army of the American Cancer Society.

To give appropriate significance to these efforts and to focus nation-wide attention on this vital proble Congress has designated Apri "Cancer Control Month." And aga this Spring, as in each drive spea heading the next year's activiti the Field Army's straightforwa appeal to all Americans is: "GI to Conquer Cancer."

Once more Rexall Drug Stor across the country join in contribu ing their facilities in behalf of th cause . . . to urge Americans to he the Society's plea and to distribu literature cautioning "Consult yo doctor" at the first moment of ca cer's "danger signals."

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patient's ability to pay for expensive laboratory and X-ray studies," the "unequaled facilities for continuous follow-up studies," and the fact that V.A. doctors have no rent, equipment, secretarial, or related bills to meet.

Between Jan. 3 and Feb. 8, the V.A. took on 538 new physicians. Applications of some 400 more were pending in the central office on Feb. 14.

According to Dr. Parran, some 350 full-time medical jobs are open in state and local health departments. Such jobs, he says, generally pay from $4,000 to $6,000 a year; some range as high as $10,000. Merit systems provide for promotion, and security is enhanced by retirement-pension plans, sick leave, and annual vacation arrangements.

The steps which the young physician must usually take to obtain an officership are: (1) six to twelve months of preliminary orientation as a paid junior in a local or state health department; (2) eight or nine months of study in an accredited school of public health; and (3) assignment to a local department for field work for a period of three to twelve months.

Those interested in the available openings may apply either to their own state health departments or to one of the eight accredited public health schools located at Harvard, Columbia, Johns Hopkins, Vanderbilt, Yale, and the state universities of Michigan, Minnesota and North Carolina.

NEW V.A. PAY SCHEDULE FOR PHYSICIANS

Grade	Annual pay*	Qualifies M.D. as
Chief	$8,750–9,800	Clinical director or chief of service in large hospital; teacher
Senior	7,175–8,225	Chief of service in medium-sized hospital or chief of section in large hospital; teacher
Intermediate	6,230–7,070	Chief of service in small hospital or chief of section in medium-sized hospital; teacher
Full	5,180–6,020	Assistant to chief of service or section
Associate	4,300–5,180	Senior ward officer
Junior	3,640–4,300	Junior ward officer

*Pay increased with length of service within these limits.

New Zealand to Give Cash Indemnities

New Zealand is setting up a new scheme to prevent abuses of its state medicine system by "unscrupulous M.D.'s." Under the new plan, patients will receive a cash allowance based on a fixed fee schedule. If the doctor won't work for the amount allowed, the patient must pay the difference. Payroll deductions will finance the indemnity plan.

Dental Group Loses Plea for Merger Inquiry

In refusing to investigate the absorption of Columbia University's dental school by its medical school, the New York State Board of Regents called it "a matter solely of internal concern to the university." An official inquiry had been requested by the Dental Society of the State of New York which claimed that the dental school had lost prestige and that its efficiency had been impaired by the merger.

A spokesman for the Board of Regents explained that it could take no action unless it were indicated that the courses were falling below standard. On this score, he said, there had been no complaint.

In registering its protest, the dental society pointed out that all dental groups in New York and New Jersey had opposed the merger and that the Council on Dental Education of the American Dental Association had withdrawn its official approval of the institution.

Health Show Derided

"Amateurishly conceived, inexpertly scripted, badly produced, and the acting just ain't." So thought the radio critic of Variety, trade paper of the amusement field, after listening to a broadcast of "Health Headlines," a 15-minute transcribed show currently being aired over eighteen stations in New York State.

The program, financed with taxpayers' money and produced by the recently-created State Radio Bureau, features Dr. Morton Levin, who—according the trade paper's critic—"should stick to his test tubes and leave the art of acting to his betters."

Calls Druggists Lax in Writing Labels

Druggist-members of the American Pharmaceutical Association were urged recently by Arthur A. Hoehn to exercise greater caution in writing Rx directions on labels. According to Hoehn, "the importance of intelligent interpretation of the physician's 'Sig:' cannot be overemphasized." Too many labels neglect to tell the patient in clear, complete,

with Confidence Doctor

You can advise Resinol when ointment medication is indicated to relieve symptomatic itching. All its ingredients are well known for their effectiveness, and it has stood the test of 45 years' satisfying use. Why not try it? May we send you a sample? Just write Resinol ME-29, Balto.-1, Md.

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IN MANY RESPECTS the inherently superior qualities built into every Bard-Parker Knife Handle are as important to the surgeon as the comparable qualities which have established Rib-Back Blades as the finest cutting edges obtainable.

B-P Handles are outstanding for durability. They are meticulously checked for weight, balance, finish . . and most essential—a capacity to accurately and firmly accommodate every B-P blade purchased for component use.

Distinguishable from other available handles, the distal ends of genuine B-P Handles are scientifically tapered and beveled to a Gothic Arch pattern for practical and time-conserving use in blunt dissection.

SPECIAL HANDLES INCLUDE:

NOS. 3L AND 4L . . . Elongated Handles for use in deep surgery.

NO. 3L OFFSET . . . An offset elongated Handle for use in hysterectomies.

NO. 9 . . . A small, well balanced Handle especially suitable for eye and plastic surgery, and for general minor surgical practice.

Ask your dealer

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and grammatical terms how to use the prescription which has been so carefully compounded, he contends.

Hoehn points to an actual case in which one teaspoonful of Burow's Solution was to be added to a glass of water and used to moisten a dressing for thirty minutes every four hours. The druggist not only neglected to apply a For External Use Only sticker but merely wrote on the label, "One teaspoonful in glass water 30 minutes every four hours."

Hoehn cites as another example of dangerous ambiguity a label which read, "2 after breakfast for 3 days increase 2-3 times a day first month then reduce to 1 or 2 a day."

Says Radiologists Should Render Own Bills

Bills for X-ray examinations performed in a hospital should be rendered in the name of the radiologist, not on the billhead of the hospital, says the American College of Radiology. Its reason is that too many patients, because they never actually see the consultant, are inclined to think that the fee covers a mere photographic procedure performed by a technician.

The college suggests further that the bill should read: "For X-ray examination of (leg, foot, etc.) and consultation with Dr. (name of referring physician)." Such a bill, says the ACR, would make it plain to the patient that the radiologist's charge includes a fee for consultation with the attending doctor. Use of the radiologist's billhead is recommended regardless of who does the bookkeeping and what final disposition is made of the funds involved.

Medicine's Support Sought for New Army Library

All medical men are being asked to support the request, now before Congress, for a new $10,000,000 building to house the Army Medical Library. Committee hearings are scheduled for this month.

The need for a new building has never been challenged, says Dr. John F. Fulton, president of the library's Association of Honorary Consultants. He believes that "it is impossible longer to carry on in the present structure which was built in 1887," but that Congress may not appropriate adequate funds unless the medical profession rallies to the support of the project.

Housing what is called the greatest collection of medical books in the world, the Army Medical Library has frequently been commended by members of the profession. The late Dr. William H. Welch, famed Johns Hopkins pathologist, said that he considered the library and its index-catalogue America's most important contribution to medical knowledge.

TAXOL the Consistent Laxative

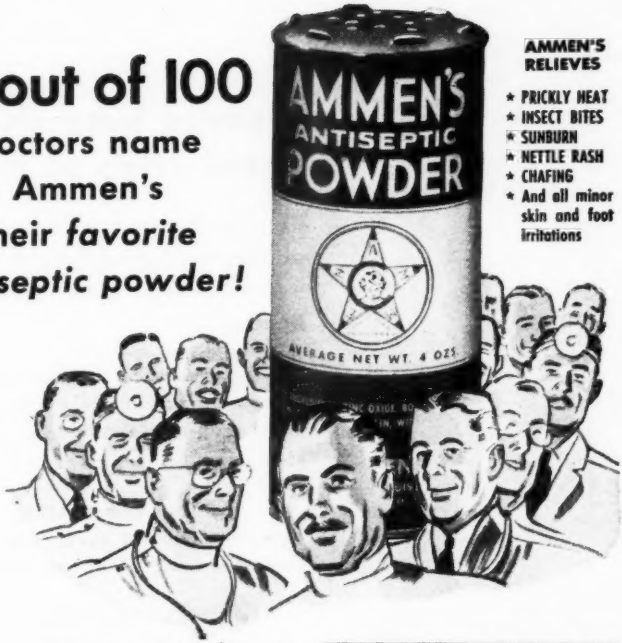
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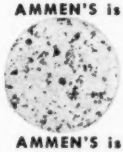
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Unretouched photo of agar cup plate test. Black area (6 to 7 mms.) is zone in which germs cannot live.



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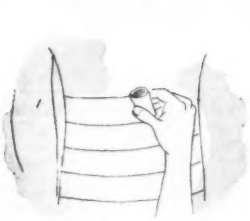
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